

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

01/27/2023

Document Number:

403304548

## FIELD OPERATIONS NOTICE

The Form 42 shall be submitted as required by Rule, Notice to Operators, Policy, or Condition of Approval.  
A Form 42 Update shall be submitted to revise the scheduled date or time on a previous Form 42 - Advance Notice of Field Operations.  
A Form 42 Update must be for the same well, location, or facility and for the same Field Operation as a previous Form 42.  
NOTE: Operator's Contact for Advance Notices of Field Operations should be available 24 hours a day, 7 days a week and should have the most current scheduling information for the operation. Operator's Contact for other notices should be able to respond to questions regarding the reported information.

Update of a previous Form 42 Notice NO

### Entity Information

OGCC Operator Number: 10454 Contact Person: Deborah Abrams  
Company Name: PETROSHARE CORPORATION Phone: (303) 8942100  
Address: 9635 MAROON CIRCLE #400 Fax: ( )  
City: ENGLEWOOD State: CO Zip: 80112 Email: deborah.abrams@state.co.us

API #: 05 - 001 - 06571 - 00 Facility ID: 201168 Location ID: 319733  
Facility Name: HABEL 'A' 1 (OWP) ☒ Submit By Other Operator  
Sec: 22 Twp: 2S Range: 62W QtrQtr: SENW Lat: 39.864650 Long: -104.313950

### NOTICE OF MOVE-IN, RIG-UP

Start Date: 02/26/2023 Time: 07:00 (HH:MM)

Select the type of rig below. (Only 1 box may be checked)

- ☐ Drilling Rig (Spud Rig) – 2 Business Days Notice
- ☐ Drilling Rig – 2 Business Days Notice
- ☒ Work-Over Rig, Planned Operations – 2 Business Days Notice
- ☐ Work-Over Rig, Unplanned Operations – notify within 1 Business Day after start

Is the estimated duration of operations with this rig on this Location anticipated to last for longer than one day? Yes

If YES, describe the estimated anticipated duration of these operations:

Approximately 5 days ops anticipated

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Deborah Abrams Email: deborah.abrams@state.co.usSignature: \_\_\_\_\_ Title: OWP Date: 01/27/2023