

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

07/21/2023

Document Number:

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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: 8840Contact Person: Tim HagerCompany Name: BLUE CHIP OIL INCPhone: (970) 4936456Address: 155 E BOARDWALK DR STE 400Fax: ()City: FORT COLLINS State: CO Zip: 80525Email: bluechipoil14@msn.comAPI #: 05 - 123 - 29991 - 00Facility ID: 285318Location ID: 302896Facility Name: MORALES 31-12☐ Submit By Other OperatorSec: 12Twp: 3NRange: 68WQtrQtr: NWNELat: 40.246360Long: -104.948830

NOTICE OF MOVE-IN, RIG-UP

Start Date: 07/24/2023 Time: 12:00 (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 startIs the estimated duration of operations with this rig on this Location anticipated to last for longer than one day? No

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

Previous form 42 was for a swab rigged planned for Thursday, July 20, however Rig could not make it out to site, so the plan is for Monday July 24. Reason is to get water off well after nearby horizontal well affected well.

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

Print Name: Tim HagerEmail: bluechipoil14@msn.com

Signature: _____

Title: PresidentDate: 07/21/2023