

State of Colorado
Energy & Carbon Management Commission

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



ECMC RECEPTION
Receive Date:
04/10/2024
Document Number:
403749130

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

ECMC Operator Number: 99999 Contact Person: Richard Murray
Company Name: OLD OPERATORS - STATUS UNKNOWN Phone: (970) 9893092
Address: SEE COMMENT LINE IN WELL Fax: ()
City: XXXXXXX State: XX Zip: _____ Email: G.Richard.Murray@state.co.us

API #: 05 - 103 - 12525 - 00 Facility ID: 479582 Location ID: 479584
Facility Name: Rangely Unknown 35 (OWP) Submit By Other Operator
Sec: 31 Twp: 2N Range: 102W QtrQtr: SWSE Lat: 40.095857 Long: -108.882130

NOTICE OF MOVE-IN, RIG-UP

Start Date: 04/12/2024 Time: 08:00 (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:

Well is part of the Orhan Well plugging program, Multiple wells will be plugged at the same time

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

Print Name: Richard Murray Email: G.Richard.Murray@state.co.us

Signature: _____ Title: OWP Specialist Date: 04/10/2024