

**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:  
**04/30/2025**

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Document Number:  
**404184127**

**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: <u>76830</u>	Contact Person: <u>William Schmid</u>
Company Name: <u>SCHMID PROPERTIES INC</u>	Phone: <u>(337) 484-3184</u>
Address: <u>PO BOX 389</u>	Fax: <u>( )</u>
City: <u>HICO</u> State: <u>TX</u> Zip: <u>76457</u>	Email: <u>tenniswilliam123@cs.com</u>

API #: 05 - 121 - 08561 - 00 Facility ID: 236071 Location ID: 317088

Facility Name: CLARK 8-35  Submit By Other Operator

Sec: 35 Twp: 3N Range: 52W QtrQtr: SENE Lat: 40.185880 Long: -103.155800

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

Start Date: 05/05/2025 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

Are operations with this rig on this Location anticipated to last for longer than one day? No

If YES, briefly describe the planned activities and the estimated duration of these operations:

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

Print Name: Lauren Glazier Email: lglazier@cgrs.com

Signature: \_\_\_\_\_ Title: Consultant Date: 04/30/2025