

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:

08/12/2025

Document Number:

404313613

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: 66190 Contact Person: Deborah Abrams  
Company Name: OMIMEX PETROLEUM INC Phone: (303) 8942100  
Address: 100 CRESCENT CT SUITE700-#5528 Fax: ( )  
City: DALLAS State: TX Zip: 75201 Email: deborah.abrams@state.co.us

API #: 05 - 125 - 09444 - 00 Facility ID: 279542 Location ID: 336806  
Facility Name: BLEDSOE 3-19-5-44 (OWP)  Submit By Other Operator  
Sec: 19 Twp: 5N Range: 44W QtrQtr: NENW Lat: 40.393780 Long: -102.313370

NOTICE OF MOVE-IN, RIG-UP

Start Date: 08/13/2025 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? Yes

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

PA operations expected to last approximately 1-2 business days.

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.us  
Signature: \_\_\_\_\_ Title: OWP Date: 08/12/2025