

FORM

42

Rev
01/21

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:

03/08/2021

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: 12950 Contact Person: Shannon Chollett
Company Name: CALIFORNIA OIL GROUP, LTD Phone: (970) 250-0130
Address: _____ Fax: ()
City: DENVER State: CO Zip: _____ Email: shannon.chollett@state.co.us

API #: 05 - 103 - 05254 - 00 Facility ID: _____ Location ID: 314338
Facility Name: A C MCLAUGHLIN JR (OWP) 33 ☒ Submit By Other Operator
Sec: 33 Twp: 2N Range: 102W QtrQtr: NWNE Lat: 40.105577 Long: -108.844224

NOTICE OF MOVE-IN, RIG-UP

Start Date: 03/15/2021 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:

This is part of a larger PA Project for the OWP Team.

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

Print Name: Shannon Chollett Email: shannon.chollett@state.co.usSignature: _____ Title: OWP Engineer Date: 03/08/2021