

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:
05/11/2023
Document Number:
403401358

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: <u>38550</u>	Contact Person: <u>Cal St. John</u>	
Company Name: <u>HATHAWAY OPERATORS, INC</u>	Phone: <u>(720) 545-5624</u>	
Address: <u>P O BOX 118</u>	Fax: <u>()</u>	
City: <u>MARVEL</u> State: <u>CO</u> Zip: <u>81329</u>	Email: <u>cal.stjohn@state.co.us</u>	
API #: <u>05 - 067 - 06422 - 00</u>	Facility ID: <u>214818</u>	Location ID: <u>385598</u>
Facility Name: <u>FLINT (OWP) 1</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>8</u> Twp: <u>33N</u> Range: <u>12W</u> QtrQtr: <u>NESE</u>	Lat: <u>37.115880</u>	Long: <u>-108.166440</u>

START OF PLUGGING OPERATIONS - 48-hour notice required

Date: 05/09/2023 Time: 07:00 (HH:MM)

Is the estimated duration of the Plugging Operations for this Well anticipated to last for longer than one day? Yes

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

Location is part of the larger OWP Southwest Plugging, Decom & Flowline Project and work will be completed within the contract terms. This project will start with site prep for rig move in.

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

Print Name: Cal St. John Email: cal.stjohn@state.co.us

Signature: _____ Title: OWP West Field Specialist Date: 05/11/2023