

State of Colorado  
Energy & Carbon Management Commission

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



OGCC RECEPTION  
Receive Date:  
**10/22/2023**  
Document Number:  
**403568307**

**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: 10360 Contact Person: mark bieker  
Company Name: NAVEX RESOURCES LLC Phone: (785) 6504836  
Address: 1020 E LEVEE STREET, SUITE 130 Fax: ( )  
City: DALLAS State: TX Zip: 75207 Email: mabieker@gmail.com

API #: 05 - 063 - 06353 - 00 Facility ID: 483495 Location ID: 483130  
Facility Name: Pfaffly 1-12  Submit By Other Operator  
Sec: 12 Twp: 11S Range: 46W QtrQtr: NWSW Lat: 39.103763 Long: -102.516761

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

Start Date: 10/25/2023 Time: 10:00 (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? No

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

MIRU to run pump and rods, set portable pump jack to test produce well for 60 days.

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

Print Name: mark bieker Email: mabieker@gmail.com  
Signature: \_\_\_\_\_ Title: consultant Date: 10/22/2023