

State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

ECMC RECEPTION

Receive Date:

04/15/2025

Document Number:

404164678

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 NOEntity Information

ECMC Operator Number: 10699 Contact Person: James Krehmeyer
Company Name: OWN RESOURCES OPERATING LLC Phone: (970) 332-3585
Address: 305 S RIDGE STREET #6279 Fax: ()
City: BRECKENRIDGE State: CO Zip: 80424 Email: james.krehmeyer@ownresources.com

API #: 05 - 125 - 08718 - 00 Facility ID: 266241 Location ID: 304576
Facility Name: SHANDY 41-11543 ☐ Submit By Other Operator
Sec: 11 Twp: 5S Range: 43W QtrQtr: NENE Lat: 39.644725 Long: -102.140203

NOTICE OF MOVE-IN, RIG-UPStart Date: 04/18/2025 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:

Planned approved plugging operations will last 2-3 days

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

Print Name: Pat Dolezal Email: pat.dolezal@ownresources.com
Signature: _____ Title: Regulatory Specialist Date: 04/15/2025