

**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:

**09/15/2023**

Document Number:

**403531032****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>96850</u>	Contact Person: <u>Paul Fortunato</u>
Company Name: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 7785027</u>
Address: <u>1058 COUNTY ROAD 215</u>	Fax: <u>( )</u>
City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>	Email: <u>liquidunloads@terraep.com</u>

API #: <u>05 - 045 - 13338 - 00</u>	Facility ID: <u>274126</u>	Location ID: <u>334948</u>
Facility Name: <u>WILLIAMS GM 544-1</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>1</u> Twp: <u>7S</u> Range: <u>96W</u> QtrQtr: <u>SESE</u>	Lat: <u>39.462302</u> Long: <u>-108.053761</u>	

**NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice Required**Start Date: 09/14/2023

Check appropriate box for timing of notice below. (Only 1 box may be checked.)

☐ 48 HOUR NOTICE

OR

☒ 2 HOUR NOTICE. Start Time: 09:25 (HH:MM)Is the estimated duration of the Well Liquids Unloading anticipated to last for longer than one day? No

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

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

Print Name: Shuree SimpsonEmail: liquidunloads@terraep.com

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: 09/15/2023