

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

OGCC RECEPTION

Receive Date:

11/21/2023

Document Number:

403603452

## 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>10633</u>	Contact Person: <u>Tyler Matt</u>
Company Name: <u>CRESTONE PEAK RESOURCES OPERATING LLC</u>	Phone: <u>(858) 598-7027</u>
Address: <u>555 17TH STREET SUITE 3700</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>tmatt@civiresources.com</u>

API #: <u>05 - 013 - 06554 - 00</u>	Facility ID: <u>291370</u>	Location ID: <u>336072</u>
Facility Name: <u>VICKLUND 42-2</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>2</u> Twp: <u>1N</u> Range: <u>69W</u> QtrQtr: <u>NWNE</u>	Lat: <u>40.084573</u>	Long: <u>-105.079482</u>

## NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice Required

Start Date: 11/24/2023

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

☒ 48 HOUR NOTICE

OR

☐ 2 HOUR NOTICE. Start Time: \_\_\_\_\_ (HH:MM)Is the estimated duration of the Well Liquids Unloading anticipated to last for longer than one day? Yes

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

Operations will not exceed 8 consecutive or 24 cumulative hours per event.

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

Print Name: <u>Ashley Noonan</u>	Email: <u>regulatory@civiresources.com</u>
Signature: _____	Title: <u>Sr. Regulatory Analyst</u> Date: <u>11/21/2023</u>