

FORM

42

Rev  
01/21State 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:

02/13/2024

Document Number:

403685013

## 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>10779</u>	Contact Person: <u>Zak Simpson</u>
Company Name: <u>SCOUT ENERGY MANAGEMENT LLC</u>	Phone: <u>(970) 6206907</u>
Address: <u>13800 MONTFORT DRIVE SUITE 100</u>	Fax: <u>( )</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75240</u>	Email: <u>Zak.Simpson@scoutep.com</u>

API #: <u>05 - 103 - 08031 - 00</u>	Facility ID: <u>230369</u>	Location ID: <u>315177</u>
Facility Name: <u>FEE 114X</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>29</u> Twp: <u>2N</u> Range: <u>102W</u> QtrQtr: <u>SWNW</u>	Lat: <u>40.117667</u>	Long: <u>-108.872486</u>

## NOTICE OF MOVE-IN, RIG-UP

Start Date: 02/15/2024 Time: 07:00 (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? Yes

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

Repair packer or casing leak and return well to injection.

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

Print Name: Zak Simpson Email: Zak.Simpson@scoutep.comSignature: \_\_\_\_\_ Title: Workover Foreman II Date: 02/13/2024