

State of Colorado  
Energy & Carbon Management Commission

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



ECMC RECEPTION  
Receive Date:  
**04/16/2024**  
Document Number:  
**403755520**

**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**

ECMC Operator Number: 10456 Contact Person: Chad Tompkins  
Company Name: CAERUS PICEANCE LLC Phone: (970) 618-8913  
Address: 1001 17TH STREET #1600 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: ctompkins@caerusoilandgas.com

API #: 05 - 045 - 10402 - 00 Facility ID: 275940 Location ID: 335805  
Facility Name: N. PARACHUTE WF 15D O03 596  Submit By Other Operator  
Sec: 3 Twp: 5S Range: 96W QtrQtr: SWSE Lat: 39.638020 Long: -108.152765

**NOTICE OF RETURN TO SERVICE**

Check the appropriate Box Below.

Well

The well will be returned to production on this date: 04/16/2024 [See Rules 417.b.(4) and 417.c.(4)]

OR

The well will be returned to injection on this date: \_\_\_\_\_ [See Rules 417.b.(4) and 417.c.(4)]

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

Print Name: Julie Webb Email: Regulatory@caerusoilandgas.com  
Signature: \_\_\_\_\_ Title: Sr. Regulatory Analyst Date: 04/16/2024

