

**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: 403755980

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: <u>10456</u>	Contact Person: <u>Ally Ota</u>
Company Name: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(303) 565-4600</u>
Address: <u>1001 17TH STREET #1600</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>aota@caerusoilandgas.com</u>
API #: <u>05 - - -</u> Facility ID: <u>335642</u> Location ID: <u>335642</u>	<input type="checkbox"/> Submit By Other Operator
Facility Name: <u>N PARACHUTE WF08D-26H26A596</u>	
Sec: <u>26</u> Twp: <u>5S</u> Range: <u>96W</u> QtrQtr: <u>SENE</u> Lat: <u>39.588220</u> Long: <u>-108.129960</u>	

NOTICE OF CONSTRUCTION OR MAJOR CHANGE AT OIL & GAS LOCATION – 2 business days notice required

Start Date: 04/23/2024

Is the estimated duration of the Construction or Major Change operations at the Location anticipated to last for longer than one day? Yes If YES, describe the estimated anticipated duration of these operations:

Cleanup of landslide on this location as shown in inspection from January, 2024- Document #708301600. Anticipated duration of operations is 10 days.

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

Print Name: Ally Ota Email: aota@caerusoilandgas.com
Signature: _____ Title: Regulatory Analyst Date: 04/16/2024