

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:
05/07/2024
Document Number:
403782870

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: 10487 Contact Person: Deborah Abrams
Company Name: SPRINGDALE PARTNERS LLC Phone: (303) 8942100
Address: 3409 MONTECLAIRE DR Fax: ()
City: SHERMAN State: TX Zip: 75092 Email: deborah.abrams@state.co.us

API #: 05 - 075 - 08176 - 00 Facility ID: 220056 Location ID: 312260
Facility Name: SPRINGDALE STORAGE 5 (OWP) Submit By Other Operator
Sec: 16 Twp: 8N Range: 53W QtrQtr: SENE Lat: 40.662210 Long: -103.298920

NOTICE OF MOVE-IN, RIG-UP

Start Date: 05/10/2024 Time: 08:00 (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

Are operations with this rig on this Location anticipated to last for longer than one day? Yes

If YES, briefly describe the planned activities and the estimated duration of these operations:

PA Operations expected to last approximately 5 business days.

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

Print Name: Deborah Abrams Email: deborah.abrams@state.co.us
Signature: _____ Title: OWP Date: 05/07/2024