

**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**

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Receive Date:  
**05/11/2024**

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Document Number:  
**403787445**

**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>Chris Tompkins</u>       |
| Company Name: <u>CAERUS PICEANCE LLC</u>               | Phone: <u>(970) 618-8913</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>ctompkins@caerusoilandgas.com</u> |

|  |   |                            |
|--|---|----------------------------|
| API #: <u>05 - 103 - 10555 - 00</u>                                | Facility ID: <u>276625</u>                        | Location ID: <u>335717</u> |
| Facility Name: <u>LOVE RANCH 8 FEE G1</u>                          | <input type="checkbox"/> Submit By Other Operator |                            |
| Sec: <u>9</u> Twp: <u>2S</u> Range: <u>97W</u> QtrQtr: <u>SWNW</u> | Lat: <u>39.891450</u>                             | Long: <u>-108.295750</u>   |

**NOTICE OF RETURN TO SERVICE**

Check the appropriate Box Below.

Well

The well will be returned to production on this date: 05/14/2024 [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: <u>Julie Webb</u> | Email: <u>Regulatory@caerusoilandgas.com</u>                 |
| Signature: _____              | Title: <u>Sr. Regulatory Analyst</u> Date: <u>05/11/2024</u> |