

State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

ECMC RECEPTION

Receive Date:

06/10/2024

Document Number:

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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 NOEntity Information

| | |
|--|---|
| ECMC Operator Number: <u>69175</u> | Contact Person: <u>Scott Miller</u> |
| Company Name: <u>PDC ENERGY INC</u> | Phone: <u>(661) 165-47762</u> |
| Address: <u>1099 18TH STREET SUITE 1500</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>RBUWellsCompletions@chevron.com</u> |

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|---|---|----------------------------|
| API #: <u>05 - 123 - 51818 - 00</u> | Facility ID: <u>482798</u> | Location ID: <u>482390</u> |
| Facility Name: <u>Drake 05N</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>17</u> Twp: <u>4N</u> Range: <u>64W</u> QtrQtr: <u>SWNW</u> | Lat: <u>40.313830</u> | Long: <u>-104.580230</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 06/11/2024Time: 07:00 (HH:MM)Anticipated Date of Flowback: 07/03/2024Is the Hydraulic Fracturing Treatment of this Well anticipated to last for longer than one day? Yes

If YES, describe the anticipated duration of these operations:

about 22 days

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

| | |
|-------------------------------------|---|
| Print Name: <u>Jotsna Saiganesh</u> | Email: <u>jotsna.saiganesh@chevron.com</u> |
| Signature: _____ | Title: <u>Technical Assistant</u> Date: <u>06/10/2024</u> |