

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:

06/23/2024

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>10459</u>	Contact Person: <u>Manuel Talamantes</u>
Company Name: <u>EXTRACTION OIL & GAS INC</u>	Phone: <u>(303) 435-7461</u>
Address: <u>555 17TH STREET SUITE 3700</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mtalamantes@civiresources.com</u>

API #: <u>05 - 123 - 40898 - 00</u>	Facility ID: <u>440539</u>	Location ID: <u>440536</u>
Facility Name: <u>Sherley C-4-9HN</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>4</u> Twp: <u>5N</u> Range: <u>65W</u> QtrQtr: <u>NWNW</u>	Lat: <u>40.434454</u>	Long: <u>-104.675145</u>

NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice RequiredStart Date: 06/25/2024

Check appropriate box for timing of notice below. (Only 1 box may be checked.)

☒ 48 HOUR NOTICE

OR

☐ 2 HOUR NOTICE. Start Time: _____ (HH:MM)Is the estimated duration of the Well Liquids Unloading anticipated to last for longer than one day? Yes

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

Operations will not exceed 8 consecutive or 24 cumulative hours per event.

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

Print Name: <u>Stephany Olsen</u>	Email: <u>regulatory@civiresources.com</u>
Signature: _____	Title: <u>Sr. Regulatory Analyst</u> Date: <u>06/23/2024</u>