

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:
07/01/2024

Document Number:
403841697

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>Kris Gibson</u>
Company Name: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(970) 309-0010</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>kgibson@caerusoilandgas.com</u>

API #: 05 - 045 - 10698 - 00 Facility ID: 277384 Location ID: 335804
 Facility Name: N. PARACHUTE EF01B A28 595 Submit By Other Operator
 Sec: 28 Twp: 5S Range: 95W QtrQtr: NENE Lat: 39.590773 Long: -108.053307

NOTICE OF RETURN TO SERVICE

Check the appropriate Box Below.

Well

The well will be returned to production on this date: 07/03/2024 [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: Julie Webb Email: Regulatory@caerusoilandgas.com
 Signature: _____ Title: Sr. Regulatory Analyst Date: 07/01/2024