

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:

12/09/2024

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 NO**Entity Information**

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|---|----------------------------------|
| ECMC Operator Number: <u>96850</u> | Contact Person: <u>Kyle Kohl</u> |
| Company Name: <u>TEP ROCKY MOUNTAIN LLC</u> | Phone: <u>(970) 623-8907</u> |
| Address: <u>1058 COUNTY ROAD 215</u> | Fax: <u>()</u> |
| City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u> | Email: <u>kkohl@terraep.com</u> |

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|---|---|----------------------------|
| API #: <u>05 - 103 - 12569 - 00</u> | Facility ID: <u>483212</u> | Location ID: <u>315513</u> |
| Facility Name: <u>FEDERAL RG 524-13-298</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>13</u> Twp: <u>2S</u> Range: <u>98W</u> QtrQtr: <u>LOT 12</u> | Lat: <u>39.871743</u> | Long: <u>-108.338022</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice requiredDate of Treatment: 12/11/2024Time: 12:00 (HH:MM)Anticipated Date of Flowback: 12/23/2024Is 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:

10 Days

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

| | |
|------------------------------|--|
| Print Name: <u>Kyle Kohl</u> | Email: <u>kkohl@terraep.com</u> |
| Signature: _____ | Title: <u>Operations Mgr</u> Date: <u>12/09/2024</u> |