

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:

01/30/2025

Document Number:

404075485

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>46290</u> | Contact Person: <u>Victoria Dizghinjili</u> |
| Company Name: <u>KP KAUFFMAN COMPANY INC</u> | Phone: <u>(303) 8254822</u> |
| Address: <u>1700 LINCOLN ST STE 4550</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u> | Email: <u>vdizghinjili@kpk.com</u> |

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|---|---|----------------------------|
| API #: <u>05 - 123 - 07703 - 00</u> | Facility ID: <u>239915</u> | Location ID: <u>317750</u> |
| Facility Name: <u>AMOCO-CHRTTR-SCHNEIDER U A 3</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>33</u> Twp: <u>1N</u> Range: <u>67W</u> QtrQtr: <u>NWNE</u> | Lat: <u>40.012930</u> | Long: <u>-104.893070</u> |

NOTICE OF RETURN TO SERVICE

Check the appropriate Box Below.

Well☒ The well will be returned to production on this date: 01/30/2025 [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>Mani Silva</u> | Email: <u>msilva@kpk.com</u> |
| Signature: _____ | Title: <u>VP of Production</u> Date: <u>01/30/2025</u> |