

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:  
**02/18/2025**  
Document Number:  
**404097075**

**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: 10670 Contact Person: Rachel Milne  
Company Name: BISON IV OPERATING LLC Phone: (720) 3708580  
Address: 518 17TH STREET SUITE 1800 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: rmilne@bisonog.com

API #: 05 - 069 - 06550 - 00 Facility ID: 488266 Location ID: 485676  
Facility Name: CE 5-68 11-10-12H  Submit By Other Operator  
Sec: 11 Twp: 5N Range: 68W QtrQtr: SENE Lat: 40.415400 Long: -104.965940

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 02/18/2025

Time: 14:00 (HH:MM)

Anticipated Date of Flowback: 05/14/2025

Is 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:

Approx. 10 Days

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

Print Name: Rachel Milne Email: rmilne@bisonog.com  
Signature: \_\_\_\_\_ Title: Regulatory Manager Date: 02/18/2025