

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:

02/26/2025

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

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|--|--|
| ECMC Operator Number: <u>10699</u> | Contact Person: <u>James Krehmeyer</u> |
| Company Name: <u>OWN RESOURCES OPERATING LLC</u> | Phone: <u>(970) 332-3585</u> |
| Address: <u>305 S RIDGE STREET #6279</u> | Fax: <u>()</u> |
| City: <u>BRECKENRIDGE</u> State: <u>CO</u> Zip: <u>80424</u> | Email: <u>james.krehmeyer@ownresources.com</u> |

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|---|---|----------------------------|
| API #: <u>05 - 125 - 07707 - 00</u> | Facility ID: <u>253829</u> | Location ID: <u>303945</u> |
| Facility Name: <u>MOELLENBERG 42-31</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>31</u> Twp: <u>4S</u> Range: <u>43W</u> QtrQtr: <u>SENE</u> | Lat: <u>39.668093</u> | Long: <u>-102.218065</u> |

FLOWLINE PRE-ABANDONMENT - 30-day noticeOn-Location Flowline will be removed on this date: 04/01/2025Is the estimated duration of the Flowline Abandonment operations for this Location anticipated to last for longer than one day? No If YES, briefly describe the planned activities and the estimated duration of these operations:On location flowline will be removed at time of cut and cap of wellbore

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

| | |
|--------------------------------|---|
| Print Name: <u>Pat Dolezal</u> | Email: <u>pat.dolezal@ownresources.com</u> |
| Signature: _____ | Title: <u>Regulatory Specialist</u> Date: <u>02/26/2025</u> |