

**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:  
**03/07/2025**

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Document Number:  
**404119519**

**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>96850</u>	Contact Person: <u>Chris Varner</u>
Company Name: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 9484359</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>liquidunloads@terraep.com</u>

API #: <u>05 - 045 - 10159 - 00</u>	Facility ID: <u>272787</u>	Location ID: <u>335141</u>
Facility Name: <u>WILLIAMS RWF 12-29</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>29</u> Twp: <u>6S</u> Range: <u>94W</u> QtrQtr: <u>NWNW</u>	Lat: <u>39.501092</u>	Long: <u>-107.918035</u>

**NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice Required**

Start Date: 03/06/2025

Check appropriate box for timing of notice below. (Only 1 box may be checked.)

48 HOUR NOTICE  
OR

2 HOUR NOTICE. Start Time: 13:26 (HH:MM)

Is the estimated duration of the Well Liquids Unloading anticipated to last for longer than one day? No

If YES, briefly describe the planned activities and the estimated duration of these operations:

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

Print Name: Shuree Simpson Email: liquidunloads@terraep.com

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 03/07/2025