

**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:  
**03/13/2025**

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Document Number:  
**404125968**

**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>10456</u>	Contact Person: <u>Tracey Fallang</u>
Company Name: <u>CAERUS PICEANCE LLC</u>	Phone: <u>(303) 596-4818</u>
Address: <u>1001 17TH STREET #1600</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>tfallang@qb-energy.com</u>

API #: 05 - 045 - 14056 - 00 Facility ID: 290245 Location ID: 334103  
 Facility Name: HYRUP 2-44B  Submit By Other Operator  
 Sec: 2 Twp: 8S Range: 96W QtrQtr: SWSE Lat: 39.372957 Long: -108.072992

**NOTICE OF RETURN TO SERVICE**

Check the appropriate Box Below.

Well

The well will be returned to production on this date: 03/11/2025 [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: Tracey Fallang Email: tfallang@qb-energy.com  
 Signature: \_\_\_\_\_ Title: Project Manager Date: 03/13/2025