

**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: <b>03/18/2025</b>
Document Number: <b>404131780</b>

**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       YES      

**Entity Information**

ECMC Operator Number: <u>      10670      </u>	Contact Person: <u>      Rachel Milne      </u>
Company Name: <u>      BISON IV OPERATING LLC      </u>	Phone: <u>      (720) 3708580      </u>
Address: <u>      518 17TH STREET SUITE 1800      </u>	Fax: <u>      (    )      </u>
City: <u>      DENVER      </u> State: <u>      CO      </u> Zip: <u>      80202      </u>	Email: <u>      rmilne@bisonog.com      </u>
API #: <u>      05 - 001 - 08537 - 00      </u>	Facility ID: <u>      203128      </u>
Facility Name: <u>      BASS BOX ELDER FARMS 7-44      </u>	<input checked="" type="checkbox"/> Submit By Other Operator
Location ID: <u>      377018      </u>	
Sec: <u>      7      </u> Twp: <u>      3S      </u> Range: <u>      65W      </u> QtrQtr: <u>      NENE      </u>	Lat: <u>      39.811046      </u> Long: <u>      -104.699159      </u>

**START OF PLUGGING OPERATIONS - 48-hour notice required**

Date:       03/19/2025       Time:       10:00       (HH:MM)  
Are Plugging Operations for this Well anticipated to last for longer than one day?       Yes        
If YES, briefly describe the planned activities and the estimated duration of these operations:

      Approx. 3 Days  
Reentry PA      

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:       03/18/2025