

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:
06/02/2025

Document Number:
404224735

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

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|--|--|
| ECMC Operator Number: <u>10433</u> | Contact Person: <u>Lori Muhr</u> |
| Company Name: <u>LARAMIE ENERGY LLC</u> | Phone: <u>(970) 312-6479</u> |
| Address: <u>1700 LINCOLN ST STE 3950</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u> | Email: <u>LMuhr@Laramie-Energy.com</u> |

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|--|---|----------------------------|
| API #: <u>05 - 045 - 23989 - 00</u> | Facility ID: <u>455747</u> | Location ID: <u>335902</u> |
| Facility Name: <u>CC Federal 0697-04-02E</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>4</u> Twp: <u>6S</u> Range: <u>97W</u> QtrQtr: <u>Lot 12</u> | Lat: <u>39.557622</u> | Long: <u>-108.218772</u> |

NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice Required

Start Date: 06/02/2025

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

48 HOUR NOTICE
OR

2 HOUR NOTICE. Start Time: 09:15 (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: <u>Lori Muhr</u> | Email: <u>LMuhr@Laramie-Energy.com</u> |
| Signature: _____ | Title: <u>Regulatory Analyst</u> Date: <u>06/02/2025</u> |