

FORM
42
Rev
01/21

State of Colorado Energy & Carbon Management Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



ECMC RECEPTION
Receive Date:
08/11/2025
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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 NO

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 - 123 - 07169 - 00</u>	Facility ID: <u>239382</u>	Location ID: <u>405853</u>
Facility Name: <u>GUTTERSEN-KIME 1</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>26</u> Twp: <u>7N</u> Range: <u>63W</u> QtrQtr: <u>SESE</u>	Lat: <u>40.539394</u>	Long: <u>-104.396351</u>

OFFSET WELL MITIGATION COMPLETED (Mitigation must be completed prior to Hydraulic Fracturing Treatment.)

This well was mitigated per Rule 308.b.(7)A.
Permitted horizontal well requiring mitigation - API # 123-52768
Appropriate documentation for mitigation has been/will be submitted.

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: 08/11/2025