

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:
08/20/2025

Document Number:
404324421

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 - 14557 - 00</u>	Facility ID: <u>246760</u>	Location ID: <u>408551</u>	
Facility Name: <u>AMBER 10-12</u>		<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>12</u>	Twp: <u>7N</u>	Range: <u>60W</u>	QtrQtr: <u>NWSE</u>
		Lat: <u>40.587856</u>	Long: <u>-104.037520</u>

START OF PLUGGING OPERATIONS - 48-hour notice required

Date: 08/22/2025 Time: 08:00 (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. 5 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: 08/20/2025