

State of Colorado
Energy & Carbon Management Commission

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ECMC RECEPTION
Receive Date:
09/15/2025
Document Number:
404355180

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: 10764 Contact Person: Richard Pate
Company Name: NUEVIDA RESOURCES LLC Phone: (303) 5504880
Address: 5950 CEDAR SPRINGS RD STE #100 Fax: ()
City: DALLAS State: TX Zip: 75235 Email: dpate@nuevidaresources.com

API #: 05 - 067 - 10056 - 00 Facility ID: 488855 Location ID: 484496
Facility Name: Ardourel 33081718 2HU Submit By Other Operator
Sec: 18 Twp: 33N Range: 8W QtrQtr: Lot 3 Lat: 37.101138 Long: -107.767586

NOTICE OF COMPLETION OF FORM 2/2A CONDITION OF APPROVAL - notify upon completion

Describe permit Condition of Approval (COA) or Best Management Practice (BMP) and describe actions taken to comply with COA or BMP.

Offset well, Ardourel #3HL-Lower Mancos interval producer (05-067-10037), is located approximately 1000' from the Ardourel #2HU-Upper Mancos (05-067-10056) interval. Option 4 (Offset Well Evaluation & Hydraulic Fracturing Treatments): During the entire stimulation, NVR will actively monitor #3HL well casing pressures (surface, intermediate & production). If there is indication of communication between the stimulation treatment and offset well, treatment will be stopped and the ECMC Engineering will be notified.

Date: 09/18/2025 Time: 06:00 (HH:MM)

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Richard Pate Email: dpate@nuevidaresources.com
Signature: _____ Title: COO -VP Engr/Opns Date: 09/15/2025