

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:
03/08/2026
Document Number:
404570630

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>10430</u>	Contact Person: <u>Bill Wade</u>
Company Name: <u>MONUMENT GLOBAL RESOURCES INC</u>	Phone: <u>(720) 9168603</u>
Address: <u>12160 N ABRAMS RD., SUITE 610</u>	Fax: <u>()</u>
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75243</u>	Email: <u>bill.wade@state.co.us</u>

API #: 05 - 083 - 05148 - 00 Facility ID: 223748 Location ID: 313426
 Facility Name: CACHE UNIT 9 (OWP) Submit By Other Operator
 Sec: 2 Twp: 34N Range: 20W QtrQtr: NWNW Lat: 37.238519 Long: -109.024913

NOTICE OF MOVE-IN, RIG-UP

Start Date: 03/10/2026 Time: 10:00 (HH:MM)

Select the type of rig below. (Only 1 box may be checked)

- Drilling Rig (Spud Rig) – 2 Business Days Notice
- Drilling Rig – 2 Business Days Notice
- Work-Over Rig, Planned Operations – 2 Business Days Notice
- Work-Over Rig, Unplanned Operations – notify within 1 Business Day after start

Are operations with this rig on this Location anticipated to last for longer than one day? Yes

If YES, briefly describe the planned activities and the estimated duration of these operations:

OWP WELL

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

Print Name: Bill Wade Email: bill.wade@state.co.us
 Signature: _____ Title: OWP field specialist Date: 03/08/2026