

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:
05/17/2026
Document Number:
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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>31250</u> | Contact Person: <u>Bill Wade</u> | |
| Company Name: <u>FRITZ & DIGMAN INC</u> | Phone: <u>(720) 9168603</u> | |
| Address: <u>PO BOX 70024</u> | Fax: <u>()</u> | |
| City: <u>ALBUQUERQUE</u> State: <u>NM</u> Zip: <u>87197-0024</u> | Email: <u>bill.wade@state.co.us</u> | |
| API #: <u>05 - 067 - 06141 - 00</u> | Facility ID: <u>214538</u> | Location ID: <u>325310</u> |
| Facility Name: <u>DAKOTA FEE 1 (OWP)</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>28</u> Twp: <u>33N</u> Range: <u>12W</u> QtrQtr: <u>SWSE</u> | Lat: <u>37.069811</u> | Long: <u>-108.153075</u> |

START OF PLUGGING OPERATIONS - 48-hour notice required

Date: 05/19/2026 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:

OWP WELL

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

| | |
|------------------------------|--|
| Print Name: <u>Bill Wade</u> | Email: <u>bill.wade@state.co.us</u> |
| Signature: _____ | Title: <u>OWP field specialist</u> Date: <u>05/17/2026</u> |