

State of Colorado
Energy & Carbon Management Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

11/06/2023

Document Number:

403585153

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**

| | |
|---|---|
| OGCC Operator Number: <u>96850</u> | Contact Person: <u>Paul Fortunato</u> |
| Company Name: <u>TEP ROCKY MOUNTAIN LLC</u> | Phone: <u>(970) 7785027</u> |
| Address: <u>1058 COUNTY ROAD 215</u> | Fax: <u>()</u> |
| City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u> | Email: <u>liquidunloads@terraep.com</u> |

| | | |
|---|---|----------------------------|
| API #: <u>05 - 045 - 15340 - 00</u> | Facility ID: <u>294234</u> | Location ID: <u>334814</u> |
| Facility Name: <u>FEDERAL GM 31-14</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>14</u> Twp: <u>7S</u> Range: <u>96W</u> QtrQtr: <u>NENE</u> | Lat: <u>39.443477</u> | Long: <u>-108.069731</u> |

NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice RequiredStart Date: 11/03/2023

Check appropriate box for timing of notice below. (Only 1 box may be checked.)

☐ 48 HOUR NOTICE

OR

☒ 2 HOUR NOTICE. Start Time: 09:12 (HH:MM)Is the estimated duration of the Well Liquids Unloading anticipated to last for longer than one day? No

If YES, describe the estimated anticipated duration of these operations:

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

Print Name: Shuree SimpsonEmail: liquidunloads@terraep.com

Signature: _____

Title: _____

Date: 11/06/2023