

**FORM**  
**42**  
Rev  
01/21

**State of Colorado**  
**Energy & Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



**OGCC RECEPTION**

Receive Date:  
**02/09/2024**

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Document Number:  
**403681907**

**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>Chuck Smith</u>	
Company Name: <u>TEP ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 9480118</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 - 15779 - 00</u>	Facility ID: <u>295512</u>	Location ID: <u>335483</u>
Facility Name: <u>FEDERAL 29-07B</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>29</u> Twp: <u>6S</u> Range: <u>93W</u> QtrQtr: <u>NWNE</u>	Lat: <u>39.501660</u>	Long: <u>-107.796800</u>

**NOTICE OF WELL LIQUIDS UNLOADING – Prior Notice Required**

Start Date: 02/08/2024

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

48 HOUR NOTICE

OR

2 HOUR NOTICE. Start Time: 11:59 (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 Simpson Email: liquidunloads@terraep.com

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 02/09/2024