

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:

08/31/2023

Document Number:

403518075**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**

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|--|--|
| OGCC Operator Number: <u>10456</u> | Contact Person: <u>Derek Molde</u> |
| Company Name: <u>CAERUS PICEANCE LLC</u> | Phone: <u>(970) 216-7254</u> |
| Address: <u>1001 17TH STREET #1600</u> | Fax: <u>()</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>dmolde@caerusoilandgas.com</u> |

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|---|---|----------------------------|
| API #: <u>05 - 045 - 09409 - 00</u> | Facility ID: <u>269780</u> | Location ID: <u>334688</u> |
| Facility Name: <u>RULISON FEDERAL 11-14</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>11</u> Twp: <u>7S</u> Range: <u>94W</u> QtrQtr: <u>NENE</u> | Lat: <u>39.458740</u> | Long: <u>-107.847640</u> |

NOTICE OF RETURN TO SERVICE

Check the appropriate Box Below.

Well☒ The well will be returned to production on this date: 08/31/2023 [See Rules 417.b.(4) and 417.c.(4)]

OR

☐ The well will be returned to injection on this date: _____ [See Rules 417.b.(4) and 417.c.(4)]

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

| | |
|-------------------------------|--|
| Print Name: <u>Julie Webb</u> | Email: <u>Regulatory@caerusoilandgas.com</u> |
| Signature: _____ | Title: <u>Sr. Regulatory Analyst</u> Date: <u>08/31/2023</u> |

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