

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

ECMC RECEPTION

Receive Date:

03/26/2025

Document Number:

404141306

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 NOEntity Information

ECMC Operator Number: <u>10670</u>	Contact Person: <u>Rachel Milne</u>
Company Name: <u>BISON IV OPERATING LLC</u>	Phone: <u>(720) 3708580</u>
Address: <u>518 17TH STREET SUITE 1800</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>rmilne@bisonog.com</u>

API #: <u>05 - 001 - 08350 - 00</u>	Facility ID: <u>202945</u>	Location ID: <u>376883</u>
Facility Name: <u>UPRR 15-7</u>	<input checked="" type="checkbox"/> Submit By Other Operator	
Sec: <u>7</u> Twp: <u>3S</u> Range: <u>65W</u> QtrQtr: <u>SWSE</u>	Lat: <u>39.800022</u>	Long: <u>-104.703985</u>

NOTICE OF MOVE-IN, RIG-UPStart Date: 03/29/2025 Time: 08:00 (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:

Reentry PA
Approx. 3 days

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

Print Name: Rachel Milne Email: rmilne@bisonog.comSignature: _____ Title: Regulatory Manager Date: 03/26/2025