

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:

05/18/2025

Document Number:

404208513

## 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>10133</u>                      | Contact Person: <u>James Retherford</u>    |
| Company Name: <u>HILCORP ENERGY COMPANY</u>             | Phone: <u>(505) 320.0756</u>               |
| Address: <u>P O BOX 61229</u>                           | Fax: <u>( )</u>                            |
| City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77208</u> | Email: <u>James.Retherford@hilcorp.com</u> |

|   |   |                          |
|---|---|--------------------------|
| API #: <u>05 - 067 - 10053 - 00</u>                                 | Facility ID: <u>488175</u>                        | Location ID: <u></u>     |
| Facility Name: <u>SOUTHERN UTE 704H</u>                             | <input type="checkbox"/> Submit By Other Operator |                          |
| Sec: <u>16</u> Twp: <u>32N</u> Range: <u>7W</u> QtrQtr: <u>NWNW</u> | Lat: <u>37.021933</u>                             | Long: <u>-107.622660</u> |

BLOW OUT PREVENTER TEST – 24-Hour noticeTest Date: 05/19/2025 Time: 12:00 (HH:MM)

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

|                                  |  |
|----------------------------------|--|
| Print Name: <u>Amanda Walker</u> | Email: <u>mwalker@hilcorp.com</u>                        |
| Signature: <u></u>               | Title: <u>Regulatory Tech Sr</u> Date: <u>05/18/2025</u> |