

State of Colorado  
Oil and Gas Conservation Commission

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



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## INACTIVE WELL NOTICE

**Rule 434.c. Plugging Inactive Wells.** If an Inactive Well is not plugged, returned to production, or designated as Out of Service within 6 months of becoming inactive, the Operator will file a Form 5B, Inactive Well Notice and provide Single Well Financial Assurance if required by the Operator's Financial Assurance Plan.

## OPERATOR AND CONTACT INFORMATION

OGCC Operator Number: 10110	Contact Name and Telephone:
Name of Operator: GREAT WESTERN OPERATING COMPANY LLC	Name: Jenifer Hakkarinen
Address: 1775 SHERMAN STREET STE 3000	Phone: (303) 8605800
City: DENVER State: CO Zip: 80203	Email: Regulatory@pdce.com

## WELL INFORMATION

API Number: 123-35234-00

Well Name: Fritzler Well Number: 21-22-14

## INACTIVE WELL NOTICE

- ☐ An oil or gas Well that has been shut-in and has not produced for a period of 12 consecutive months
- ☒ An oil or gas Well that has been temporarily abandoned for a period of 6 consecutive months
- ☐ A Class II UIC Well which has not been utilized for a period of 12 consecutive months
- ☐ A Suspended Operations Well with no activity other than monthly Bradenhead monitoring for more than 24 consecutive months
- ☐ A Waiting on Completion Well with no activity other than monthly Bradenhead monitoring for more than 24 consecutive months

Provide the reason why this Well is Inactive.

Well is P&amp;A pending from 6S

Operator's current Financial Assurance Option: \_\_\_\_\_

Commission Order Number for the Operator's most recently approved Financial Assurance Plan: \_\_\_\_\_

Document Number of the Operator's most recently approved Financial Assurance Plan (Form 3): \_\_\_\_\_

Current Financial Assurance for this Well:

&lt; No row provided &gt;

Does the Operator's current Financial Assurance Plan require additional or different Financial Assurance for this Well? N/A

## OPERATOR COMMENT AND SUBMITTAL

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

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Print Name: Jenifer Hakkarinen	Email: Jenifer.Hakkarinen@pdce.com
Title: Regulatory Supervisor	Date: _____