

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

403251719

Date Received:

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: 69175
Name of Operator: PDC ENERGY INC
Address: 1775 SHERMAN STREET - STE 3000
City: DENVER State: CO Zip: 80203
Contact Name and Telephone:
Name: Jessica Johannsen
Phone: (303) 860-5800
Email: regulatory@pdce.com

WELL INFORMATION

API Number: 123-17812-00
Well Name: DINNER Well Number: 14-A-3

INACTIVE WELL NOTICE

- [X] 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.

PDC shut-in this well for offset development. PDC plans to plug and abandon this well by 12/29/2022.

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:

Table with 3 columns: Surety ID, Coverage, Amount. Rows: 20160047 BLANKET \$100,000; 20160104 BLANKET \$100,000

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.

Print Name: Jessica Johanssen Email: jessica.johanssen@pdce.com
Title: Regulatory Analyst Date: