

**FORM
5B**Rev
10/22**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:

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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: <u>69175</u>	Contact Name and Telephone:
Name of Operator: <u>PDC ENERGY INC</u>	Name: <u>Karen McBride</u>
Address: <u>1775 SHERMAN STREET - STE 3000</u>	Phone: <u>(303) 860.5800</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>regulatory@pdce.com</u>

WELL INFORMATIONAPI Number: 123-13883-00Well Name: STROHWell Number: 35-1**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.

SI - PDC shut-in this well and plans to return this well to production 11/30/2023.

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:

Surety ID	Coverage	Amount
20160047	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.

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Print Name: Karen McBrideEmail: karen.mcbride@pdce.comTitle: Regulatory AnalystDate: