

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



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

WELL INFORMATION

API Number: 123-40569-00

Well Name: Rieder Well Number: 18T-221

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:

< No row provided >

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: Karen McBride Email: karen.mcbride@pdce.com

Title: Regulatory Analyst Date: _____