

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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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>Valerie Danson</u> |
| Address: <u>1775 SHERMAN STREET - STE 3000</u> | Phone: <u>(970) 506-9272</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u> | Email: <u>regulatory@pdce.com</u> |

WELL INFORMATION

API Number: 123-17811-00

Well Name: DINNER Well Number: 14-A-2

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.

This well is shut-In and PDC plans to plug and abandon it 12/9/2022.

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): _____

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: Valerie Danson Email: valerie.danson@pdce.com

Title: Reg Analyst Date: _____