

**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:****403268465****Date Received:****12/21/2022****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>10770</u>	Contact Name and Telephone:
Name of Operator: <u>VISION ENERGY LLC</u>	Name: <u>Phoebe Bechtolt</u>
Address: <u>P O BOX 370</u>	Phone: <u>(970) 5634000</u>
City: <u>IGNACIO</u> State: <u>CO</u> Zip: <u>81137</u>	Email: <u>pbechtolt@maralexinc.com</u>

WELL INFORMATION

API Number: 077-08540-00 County: _____

Well Name: FEDERAL Well Number: 13-1

Location: QTRQTR Sec: _____ Twp: _____ Rng: _____ Meridian: _____

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.

Not producing

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? NO

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: Phoebe BechtoltEmail: pbechtolt@maralexinc.comTitle: Regulatory and ComplianceDate: 12/21/2022