

State of Colorado
Oil and Gas Conservation Commission

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Document Number:

403291268

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: 51130	Contact Name and Telephone:
Name of Operator: LOCIN OIL CORPORATION	Name: Rees Arnim
Address: 600 TRAVIS ST STE 6161	Phone: (713) 469-0275
City: HOUSTON State: TX Zip: 77002	Email: rarnim@locin.energy

WELL INFORMATION

API Number: 045-06110-00	County: GARFIELD
Well Name: FEDERAL	Well Number: 28-7
Location: QTRQTR SWNE	Sec: 28 Twp: 7S Rng: 104W Meridian: 6

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.

Locin acquired this well effective March 1, 2022. Due to a major equipment failure at the main plant that produces the gas from the area (Baxter Pass Compressor Station) this well has been shut in for a prolonged period of time, consequently defining this well as inactive per COGCC definitions. This well was in production at the time of the plant shut down and is expected to return to production when takeaway capacity in the area resumes and pipelines can manage the volumes.

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: <u>Melanie Adams</u>	Email: <u>meladams@tcolandservices.com</u>
Title: <u>Agent</u>	Date: <u></u>