

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: 100322  
Name of Operator: NOBLE ENERGY INC  
Address: 2001 16TH STREET SUITE 900  
City: DENVER State: CO Zip: 80202  
Contact Name and Telephone:  
Name: Mosiah Montoya  
Phone: (303) 228-4000  
Email: denverregulatory@chevron.onmicrosoft.com

WELL INFORMATION

API Number: 123-33864-00 County: WELD  
Well Name: FOE A Well Number: 35-73HN  
Location: QTRQTR NWNE Sec: 2 Twp: 5N Rng: 64W 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.

The above referenced well is inactive due to . This has been inactive since January 2022 and will be RTS 2nd quarter 2023. This well was not reported on Noble's initial form 3 and will require additional bonding. Monthly Bradenhead Pressure Monitoring, facility quality checks, and MIT in accordance with COGCC regulations.

Operator's current Financial Assurance Option: Option 1  
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): 403364029

Does the Operator's current Financial Assurance Plan require additional or different Financial Assurance for this Well? YES

**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: Julie Webb Email: julie.webb@chevron.com  
Title: Sr. Regulatory Analyst Date: \_\_\_\_\_