

**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:****403439026****Date Received:****06/22/2023****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>10690</u>	Contact Name and Telephone:
Name of Operator: <u>IMPETRO RESOURCES LLC</u>	Name: <u>Brent Bongers</u>
Address: <u>558 CASTLE PINES PKWY UNIT B-4</u>	Phone: <u>(361) 935-5633</u>
City: <u>CASTLE PINES</u> State: <u>CO</u> Zip: <u>80108</u>	Email: <u>bbongers@impetroresources.com</u>

**WELL INFORMATION**

API Number: 121-10881-00 County: WASHINGTON

Well Name: JONES Well Number: 34-26

Location: QTRQTR NWSE Sec: 26 Twp: 3S Rng: 51W 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.

Well is shut in awaiting on workover. Workover is expected to start 3rd Qtr 2024

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>Jessica Donahue</u>	Email: <u>jdonahue@ardorenvironmental.com</u>
Title: <u>Compliance Specialist</u>	Date: <u>06/22/2023</u>