

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: <u>10539</u>	Contact Name and Telephone:
Name of Operator: <u>UTAH GAS OP LTD DBA UTAH GAS CORP</u>	Name: <u>April Mestas</u>
Address: <u>760 HORIZON DRIVE STE 400</u>	Phone: <u>(970) 2601864</u>
City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u>	Email: <u>amestas@utahgascorp.com</u>

**WELL INFORMATION**

API Number: 103-09929-00 County: RIO BLANCO

Well Name: LOWER HORSE DRAW UNIT Well Number: 2172

Location: QTRQTR SENE Sec: 15 Twp: 2S Rng: 103W 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 needed work and is currently being worked on. We plan to RTP soon but before end of 2023.

Operator's current Financial Assurance Option: Option 3

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): 403197449

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.

Well should be back to producing very soon.

Print Name: April Mestas Email: amestas@utahgascorp.com  
Title: Regulatory Manager Date: \_\_\_\_\_