

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:

403449144

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

WELL INFORMATION

API Number: 103-08990-00	County: RIO BLANCO
Well Name: DRY LAKE	Well Number: 821
Location: QTRQTR SESE	Sec: 30 Twp: 2S Rng: 100W 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 on workover list. Our plan, depending on what we find, is to RTP 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.

Our plan is to RTP assuming our workover can bring the well back to production.

Print Name: April Mestas

Email: amestas@utahgascorp.com

Title: Regulatory Manager

Date: _____