

FORM
5B
Rev
10/22

State of Colorado
Energy & Carbon Management Commission



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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: Randy Thweatt
Phone: (303) 228-4000
Email: denverregulatory@chevron.onmicrosoft.com

WELL INFORMATION

API Number: 123-34566-00 County: WELD
Well Name: Wells Ranch USX Well Number: AA25-69HN
Location: QTRQTR NWNW Sec: 25 Twp: 6N Rng: 63W 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 workover required. This has been inactive since September 2022 and will be RTS 2nd quarter 2024. This well was listed as inactive on Noble's most recent form 3. 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): 403406148
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.

Print Name: Kim Bauer Email: kimberlybauer@chevron.com
Title: Regulatory Analyst II Date: _____