

FORM
5C
Rev
11/22

State of Colorado Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

INACTIVE EXCEPTION REQUEST

Form 5C, Inactive Exception Request. An Operator may file a Form 5C to request from the Director an exception from the designation of a Well as Inactive for good cause. The Director will not approve a Form 5C unless the Operator demonstrates in sufficient detail that the Well for which a Form 5B would be provided is not properly designated as Inactive.

OPERATOR & CONTACT INFORMATION

OGCC Operator Number: <u>5</u>	Contact Name and Telephone:
Name of Operator: <u>ENERGY & CARBON MANAGEMENT COMMISSION</u>	Name: <u>test test</u>
Address: <u>1120 LINCOLN ST SUITE 801</u>	Phone: <u>(303) 8942100</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u>	Email: <u>test@test.com</u>

WELL INFORMATION

API Number: 067-09804-00

Well Name: PALMER RANCH Well Number: 1

INACTIVE EXCEPTION REQUEST

Inactive Well criteria used to designate this Well as Inactive:

- 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 a detailed demonstration that the Well is not properly designated as Inactive. (If additional information is necessary for this demonstration, please include an attachment.)

This is a test

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.

This is a test

Print Name: test test Email: test@test.com

Title: Tester Date: _____

Condition of Approval

COA Type	Description

Total: 0 COA

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

Att Doc Num	Name

Total Attach: 0 Files