

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

**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.

Failed 02/21/2024 This is a test

Print Name: test test	Email: test@test.com
Title: Tester	Date: 02/21/2024

**Condition of Approval****COA Type****Description**

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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

<u>Att Doc Num</u>	<u>Name</u>
403694559	FORM 05C DENIED
403694562	Form 05C SUBMITTED

Total Attach: 2 Files