

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

ECMC Operator Number: 10793	Contact Name and Telephone:
Name of Operator: POLARIS PRODUCTION OPCO LLC	Name: Greg Wachel
Address: 100 GLENBOROUGH DR SUITE 442	Phone: (346) 4443321
City: HOUSTON State: TX Zip: 77067	Email: gwachel@fortify.energy

WELL INFORMATION

API Number: 073-06562-00	County: LINCOLN
Well Name: TELLURIDE	Well Number: 13-2
Location: QTRQTR SWSW	Sec: 2 Twp: 6S Rng: 54W 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.

We are preparing a recompletion to the SB2 sand after approval of the GCP

Operator's current Financial Assurance Option: Option 2

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): 403287748

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: Greg Wachel Email: gwachel@fortify.energy

Title: COO Date: _____