

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

WELL INFORMATION

API Number: 103-09977-00 County: RIO BLANCO

Well Name: PMF Well Number: 9029

Location: QTRQTR SWSW Sec: 31 Twp: 2S Rng: 103W 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.

This well was produced in October 2024 and should have shown production in the months prior so we are looking into any corrections to production reporting that need to be made. This well is scheduled for a workover to increase production in 2025.

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): 403761109

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.

Well is scheduled for workover in 2025 to increase production if possible.

Print Name: April Mestas Email: amestas@utahgascorp.com

Title: Regulator Manager Date: _____