

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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## 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: 95620	Contact Name and Telephone:
Name of Operator: WESTERN OPERATING COMPANY	Name: Steven James
Address: 1165 DELAWARE STREET #200	Phone: (303) 893-24738
City: DENVER State: CO Zip: 80204	Email: steve@westernoperating.com

## WELL INFORMATION

API Number: 061-06117-00	County: KIOWA
Well Name: KING-PYLES	Well Number: 4
Location: QTRQTR SWSE	Sec: 8 Twp: 19S Rng: 45W 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 King-Pyles #4 is shut in, waiting on flowline repairs. Well is expected to be returned to production by 2nd Qtr 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): 403461387

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: Amber Barnett	Email: abarnett@ardorenvironmental.com
Title: Compliance Specialist	Date: