

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

**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: \_\_\_\_\_