

**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

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- ☒ 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: 12/20/2024