

**FORM
5B**Rev
10/22**State of Colorado****Energy & Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

**Document Number:****404063213****Date Received:****01/20/2025****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: 103-07127-00 County: RIO BLANCO
Well Name: DRAGON TRAIL UNIT Well Number: 1035
Location: QTRQTR NESE Sec: 25 Twp: 2S Rng: 102W 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.

Well is just waiting on RTP.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): 403761109Does 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.

I apologize, I missed getting this Form 5B submitted soon enough. We are working on getting this well producing as we speak.

Print Name: April Mestas MestasEmail: amestas@utahgascorp.comTitle: RegulDate: 01/20/2025