

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

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|--|---------------------------------|
| ECMC Operator Number: 8960 | Contact Name and Telephone: |
| Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLC | Name: brittney white |
| Address: 555 17TH STREET SUITE 3700 | Phone: (303) 2947800 |
| City: DENVER State: CO Zip: 80202 | Email: bwhite@civiresources.com |

WELL INFORMATION

| | |
|--------------------------|-------------------------------------|
| API Number: 123-40087-00 | County: WELD |
| Well Name: Pronghorn | Well Number: K-5-8XRLNB |
| Location: QTRQTR LOT2 | Sec: 5 Twp: 5N Rng: 61W 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.

Operator intends to return the well to production. Waiting on workover rig availability. Will maintain compliance with 417.

Operator's current Financial Assurance Option: _____

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): _____

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.

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|----------------------------|-------------------------------------|
| Print Name: brittney white | Email: regulatory@civiresources.com |
| Title: engineer iv - ehs | Date: _____ |