

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:

404226736

Date Received:

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: 10539	Contact Name and Telephone:
Name of Operator: UTAH GAS OP LTD DBA UTAH GAS CORP	Name: April Mestas Mestas
Address: 734 MAIN STREET 3RD FLOOR	Phone: (970) 2601864
City: GRAND JUNCTION State: CO Zip: 81501	Email: amestas@utahgascorp.com

WELL INFORMATION

API Number: 103-10025-00	County: RIO BLANCO
Well Name: PARK MOUNTAIN	Well Number: 4-18
Location: QTRQTR NWNW	Sec: 18 Twp: 3S Rng: 103W 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.

Had high line pressure and working on re-routing gas flow. We hope to have this well producing by the end of summer if possible.

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): 403761109

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.

My apologies for this being late. We had plans to return this to production but had a delay.

Print Name: April Mestas Mestas

Email: amestas@utahgascorp.com

Title: Regulatory Manager

Date: