

State of Colorado  
Energy & Carbon Management Commission



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

**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>47120</u>	Contact Name and Telephone:
Name of Operator: <u>KERR MCGEE OIL &amp; GAS ONSHORE LP</u>	Name: <u>DANE OLSON</u>
Address: <u>P O BOX 173779</u>	Phone: <u>(307) 7605319</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-3779</u>	Email: <u>DANE_OLSON@OXY.COM</u>

**WELL INFORMATION**

API Number: 123-52005-00 County: WELD

Well Name: RAINBOW Well Number: 9-22HZ

Location: QTRQTR SWNE Sec: 9 Twp: 5N Rng: 67W 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.

TO BE P&A

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.

\_\_\_\_\_

Print Name: DANE OLSON Email: DANE\_OLSON@OXY.COM

Title: REG ANALYST Date: \_\_\_\_\_