

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

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

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: _____