

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: 69175
Name of Operator: PDC ENERGY INC
Address: 1099 18TH STREET SUITE 1500
City: DENVER State: CO Zip: 80202
Contact Name and Telephone:
Name: Mo Montoya
Phone: (303) 228-4000
Email: DenverRegulatory@chevron.com

WELL INFORMATION

API Number: 123-31969-00 County: WELD
Well Name: Leffler Well Number: 2TD
Location: QTRQTR SESE Sec: 2 Twp: 6N Rng: 66W Meridian: 6

INACTIVE WELL NOTICE

- [X] 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.

The above referenced well is inactive due to regulatory compliance. This has been inactive since January 2025 and will remain inactive until 2nd quarter 2030. This well is covered by PDC's initial form 3. Monthly Bradenhead Pressure Monitoring, facility quality checks, and MIT in accordance with ECMC regulations.

Operator's current Financial Assurance Option: Option 1
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): 403795523
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: Kim Bauer Email: DenverRegulatory@chevron.com
Title: Regulatory Analyst III Date: 05/19/2026