

**OUT OF SERVICE DESIGNATION**

Rule 434.d. Out of Service Designation and Plugging List. An Operator will designate a Well as Out of Service on a Form 6A, Out of Service Designation, and the Out of Service Well is then placed on the Operator's Plugging List.

CONTACT INFORMATION

OGCC Operator Number: <u>10539</u>	Contact Name and Telephone:
Name of Operator: <u>UTAH GAS OP LTD DBA UTAH GAS CORP</u>	Name: <u>April Mestas Mestas</u>
Address: <u>760 HORIZON DRIVE STE 400</u>	Phone: <u>(970) 2601864</u>
City: <u>GRAND JUNCTION</u> State: <u>CO</u> Zip: <u>81506</u>	Email: <u>amestas@utahgascorp.com</u>

WELL PLUGGING DATA

The number of Wells the Operator has plugged in the previous 12 months: 8

EVIDENCE OF FINANCIAL CAPABILITY

Provide evidence that the Operator is financially capable of meeting the timelines required by Rule 434.d.(4) for its Plugging List. (If this space is inadequate, provide as an attachment.)

Please see attached letter.

OUT OF SERVICE DESIGNATION

Summary of Wells to be Designated as Out of Service and placed on the Operator's Plugging List

Within 2000' of a School Facility <u>0</u>	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community <u>0</u>
Within 2000' of a Child Care Center <u>0</u>	
Within 2000' of a High Occupancy Building Unit <u>0</u>	Within High Priority Habitat <u>6</u>
TOTAL NUMBER OF WELLS <u>7</u>	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List <u>0</u>
Valid <u>7</u> Invalid <u>0</u>	

Form Submit Date: 10/12/2022

Plugging Due Date For Wells: 12/31/2027

#	Inv	API	Well Name & Number	Date Ceased Production or Utilization	Within 2000' of a School Facility?	Within 2000' of a Child Care Center?	Within 2000' of a High Occupancy Building Unit?	Within 2000' of a Residential Building Unit within a Disproportionately Impacted Community?	Within High Priority Habitat?	Detected Leak on Operator's CDPHE/AQCC Reg 7 Delayed Repair List?
1		103-09167	HH 9119	07/01/2014	No	No	No	No	Yes	No
2		103-09269	HH 9108	08/01/2014	No	No	No	No	Yes	No
3		103-10017	HELLS HOLE 9126	10/01/2013	No	No	No	No	Yes	No
4		103-09985	HELLS HOLE 9117	06/01/2017	No	No	No	No	Yes	No
5		103-07986	FOUNDATION CREEK B 7403	08/01/2013	No	No	No	No	No	No
6		103-07976	SKI 31-1	04/01/2009	No	No	No	No	Yes	No
7		103-07878	FEDERAL 16-1	06/01/2021	No	No	No	No	Yes	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.

We submitted 7 wells as out of service at this time. We will submit updates as we get them. Thank you for your review!

Print Name: April Mestas Mestas

Email: amestas@utahgascorp.com

Title: Regulatory Manager

Date: 10/12/2022

Attachment Check List**Att Doc Num****Name**

403195356	EDD-DESIGNATION
403195538	EVIDENCE OF FINANCIAL CAPABILITY

Total Attach: 2 Files