

State of Colorado
Oil and Gas Conservation 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

OGCC Operator Number: 100322	Contact Name and Telephone:
Name of Operator: NOBLE ENERGY INC	Name: Mosiah Montoya
Address: 2001 16TH STREET SUITE 900	Phone: (303) 228-4000
City: DENVER State: CO Zip: 80202	Email: denverregulatory@chevron.onmicrosoft.com

WELL INFORMATION

API Number: 123-32075-00	County: WELD
Well Name: DILLARD KG	Well Number: 34-13
Location: QTRQTR SWSW	Sec: 34 Twp: 8N Rng: 64W 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.

The above referenced well is inactive due to Loaded up. This has been inactive since March 2021 and will remain inactive until 4th quarter 2024. This well not reported on Noble's initial form 3 and will require additional bonding. Monthly Bradenhead Pressure Monitoring, facility quality checks, and MIT in accordance with COGCC regulations.

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? YES

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.

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Print Name: Julie Webb	Email: julie.webb@chevron.com
Title: Sr. Regulatory Analyst	Date: