

**FORM  
5B**Rev  
10/22**State of Colorado****Energy & Carbon Management Commission**

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

**Document Number:****403992286****Date Received:****11/13/2024****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>10793</u>	Contact Name and Telephone:
Name of Operator: <u>POLARIS PRODUCTION OPCO LLC</u>	Name: <u>Greg Wachel</u>
Address: <u>100 GLENBOROUGH DR SUITE 442</u>	Phone: <u>(346) 4443321</u>
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77067</u>	Email: <u>gwachel@fortify.energy</u>

**WELL INFORMATION**

API Number: 073-06562-00 County: LINCOLN

Well Name: TELLURIDE Well Number: 13-2

Location: QTRQTR SWSW Sec: 2 Twp: 6S Rng: 54W 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.

We are preparing a recompletion to the SB2 sand after approval of the GCP

Operator's current Financial Assurance Option: Option 2

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): 403287748

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: Greg Wachel Email: gwachel@fortify.energy

Title: COO Date: 11/13/2024