

State of Colorado Energy & Carbon Management Commission



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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: 100322
Name of Operator: NOBLE ENERGY INC
Address: 1099 18TH STREET SUITE 1500
City: DENVER State: CO Zip: 80202
Contact Name and Telephone:
Name: Randy Thweatt
Phone: (303) 829-2393
Email: DenverRegulatory@chevron.com

WELL INFORMATION

API Number: 123-23414-00 County: WELD
Well Name: SATER Well Number: 32-13
Location: QTRQTR SWNE Sec: 13 Twp: 4N 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
[X] 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 February 2024 and will remain inactive until 1st quarter 2027. This well was listed as inactive on Noble's most recent form 3. Monthly Bradenhead Pressure Monitoring, facility quality checks, and MIT in accordance with COGCC 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): 403830383
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 II Date: