

FORM  
5B  
Rev  
10/22

State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:

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Date Received:

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: 10749  
Name of Operator: SIMCOE LLC  
Address: 1199 MAIN AVE SUITE 101  
City: DURANGO State: CO Zip: 81301  
Contact Name and Telephone:  
Name: John Mummery  
Phone: (970) 317-0623  
Email: john.mummery@ikavenergy.com

WELL INFORMATION

API Number: 067-06629-00  
Well Name: HOTT 20-02 Well Number: 1

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.

This well was plugged in December of 2021. After monitoring, subsequent plugging operations were conducted in May of 2022. After field review with COGCC staff the well remains plugged and is being monitored until April of 2023 at which time with concurrence of COGCC staff a final Form 6 will be submitted for approval. The wellsite surface has had equipment and buried flowline removed as per rule 1102.

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): \_\_\_\_\_

Current Financial Assurance for this Well:

Surety ID	Coverage	Amount
20200026	BLANKET	\$25,000
20200027	BLANKET	\$100,000

Does the Operator's current Financial Assurance Plan require additional or different Financial Assurance for this Well? NO  
If "YES" enter the Document Number of the Form 3A on the Related Forms Tab.

RELATED FORM

No 3A provided

**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: John Mummery Email: john.mummery@ikavenergy.com  
Title: Chief Operating Officer Date:

### Condition of Approval

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)