

PLUGGING REPORT



This report is a legal document. The information provided herein must reflect the actual procedures followed and recorded during plugging operations.
 For instructions on completing this form, visit the Division's website or contact your local Regional office.
PRINT OR TYPE IN BLACK INK. THIS DOCUMENT SHOULD BE PRINTED ON LEGAL SIZE PAPER.

FOR DEPARTMENT USE ONLY																			
Reviewed by _____			Date _____			Bond No. _____													
WELL NAME AND NUMBER					API WELL IDENTIFICATION NUMBER														
					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">3</td> <td style="width:10%; text-align: center;">1</td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;">-</td> </tr> </table>					3	1	-	-	-	-	-	-	-	-
3	1	-	-	-	-	-	-	-	-										
WELL OWNER					COUNTY			TOWN											
7 ½ MINUTE QUAD NAME			QUAD SECTION		PLUGGING PERMIT NO.		TOTAL DEPTH												
LOCATION DESCRIPTION			DECIMAL LATITUDE (NAD83)			DECIMAL LONGITUDE (NAD83)													
Surface _____ 0' _____ 0'			_____ . _____			_____ . _____													
Top of Target Interval _____			_____ . _____			_____ . _____													
Bottom of Target Interval _____			_____ . _____			_____ . _____													
Bottom Hole _____			_____ . _____			_____ . _____													
TVD TMD																			
For vertical wells, use TMD to record depths.																			
TYPE OF PLUGGING OPERATION						PLUGGING START DATE													
<input type="checkbox"/> PLUG AND SKID <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PLUG AND ABANDON																			
PLUGGING PERFORMED BY						PLUGGING END DATE													
DIVISION OF MINERAL RESOURCES WITNESS						DATE WITNESSED													
CASING RECORD	CASING STRINGS	HOLE SIZE (in.)	PIPE SIZE (in.)	WEIGHT (lbs./ft.)	NEW OR USED	PUT IN WELL (TMD)	PULLED OUT (feet)	LEFT IN WELL (feet)	METHOD (cut, shot, etc.)										
Enter plugging data starting from total depth.																			
PLUGGING DATA	FILLING MATERIALS, BRIDGES, AND PLUGS	CLASS/TYPE OF CEMENT OR OTHER MATERIAL	NUMBER OF SACKS	SLURRY WT. (PPG)	YIELD (ft ³ /sx.)	VOLUME (ft ³)	TAGGED (YES/NO)	FROM (TVD/TMD)	TO (TVD/TMD)										
Attach additional information as necessary.																			
Did the actual plugging operations deviate in any way from the plugging plan provided in the Notice of Intention to Plug and Abandon? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
If yes, describe in the comments section below or in an attachment.																			
Have pits and other excavations been filled? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has casing been cut off below plow depth? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Have the following been removed?			Has the well site been restored to conditions similar to surrounding terrain? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Debris <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No																			
If any of these questions are answered NO , please provide an explanation and schedule for completing the restoration in the Comments section below.																			
COMMENTS:																			
Affirmation and Signature																			
A. For use by an individual:																			
I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief. I am aware any false statement made in this report is punishable pursuant to Section 210.45 of the Penal Law.																			
The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this report.																			
_____			_____				_____												
Printed or Typed Name of Individual			Signature of Individual				Date												
B. For use by organizations other than an individual:																			
I affirm under penalty of perjury that I am _____ (title)																			
of _____ (organization); that I am authorized by the organization to make this report, that this report was prepared under my supervision and direction; and that the information provided in this report is true to the best of my knowledge and belief. I am aware any false statement made in this report is punishable pursuant to Section 210.45 of the Penal Law.																			
The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this report.																			
_____			_____				_____												
Printed or Typed Name of Individual			Signature of Individual				Date												