

EXPIRATION DATE

DIVISION OF MINERAL RESOURCES



Department of Environmental Conservation

REQUEST FOR SHUT-IN OR TEMPORARY ABANDONMENT

This form is a legal document. Please read the applicable affirmation and signature carefully before signing.
 For instructions on completing this form, contact your local Regional office or the Central Office in Albany.
 PRINT OR TYPE IN BLACK INK. THIS DOCUMENT SHOULD BE PRINTED ON LEGAL SIZE PAPER.

DEPARTMENT USE ONLY <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED		DATE	BY: (Department of Environmental Conservation)	
NAME OF OWNER (Full Name of Organization or Individual as registered with the Division)			TELEPHONE NUMBER (Include Area Code)	
LEASE OR UNIT NAME AND NUMBER		API WELL IDENTIFICATION NUMBER 3 1 - - - - -		
DEFINITIONS: SHUT-IN: A producing well closed down temporarily for repairs, testing, lack of market, etc. TEMPORARY ABANDONMENT: Cessation of work on a well pending determination of whether it should be completed as a producing well or permanently plugged and abandoned.				
THIS REQUEST IS FOR: <input type="checkbox"/> shut-in (One year term) <input type="checkbox"/> Temporary Abandonment (90 day term)			NUMBER OF PAST REQUESTS GRANTED FOR THIS WELL:	
TIME PERIOD REQUESTED (See above limits): FROM: Month Day Year TO: Month Day Year				
HAS WELL COMPLETION REPORT BEEN FILED WITH THE DEPARTMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No—File interim report with this request		EQUIPMENT: (Attach a list of all production equipment currently installed)		
HAVE LOGS BEEN SUBMITTED TO THE DEPARTMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No—Submit 2 copies of each log with this request		HAS WELL BEEN ON PRODUCTION? <input type="checkbox"/> Yes <input type="checkbox"/> No—Date of last production		
IS THIS WELL PART OF A UNIT? <input type="checkbox"/> No <input type="checkbox"/> Yes—Unit size: _____ acres		NUMBER OF OTHER WELLS IN THIS UNIT		
TYPE OF WELL <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other—Describe (e.g. storage, disposal injection, brine, stratigraphic, geothermal)				
GAS WELL DATA	TEST DEVICE: Acceptable measurement devices include Orifice Meter, Pitot Tube, Positive Choke, Critical Flow Prover			
	INITIAL TEST Test Device	MOST RECENT TEST Test Device	CURRENT STATIC PRESSURE (Within 10 days of this request)	
	Calculated absolute open flow <input type="checkbox"/> _____ mcf	Calculated absolute open flow <input type="checkbox"/> _____ mcf	Tubing	psig
	Actual open flow <input type="checkbox"/> _____ mcf	Actual open flow <input type="checkbox"/> _____ mcf	Production Casing	psig
	Duration hrs.	Duration hrs.	Surface Casing	psig
	Date	Date	Distance to nearest purchaser Custody Transfer Point ft.	
ESTIMATES NOT ACCEPTABLE	GAS PRODUCTION PER DAY _____ mcf	CUMULATIVE PRODUCTION FROM INCEPTION TO DATE (Include Sold and Used on Lease) _____ mcf		
	LOCAL PIPELINE PRESSURE _____ psig	GAS PURCHASER/TRANSPORTER	METER NUMBER	
OIL WELL DATA	WELL BORE FLUID _____ % WATER _____ % OIL FLUID LEVEL: _____ Ft. from Surface			
	OIL PRODUCTION PER MONTH (6 Month Average)	_____ bbls	OIL PURCHASER	TANK NUMBER(S)
	GAS PRODUCED <input type="checkbox"/> No <input type="checkbox"/> Yes _____ mcf/month	DISPOSITION OF ASSOCIATED GAS		
REASON FOR THIS REQUEST (Owner must demonstrate sufficient good cause and attach supporting detail):				
AFFIRMATION AND SIGNATURE				
I affirm under penalty of perjury that the information provided in this form is true to the best of my knowledge and belief. I am aware any false statement made in this form is punishable pursuant to Section 210.45 of the Penal Law. By signing this form, I acknowledge that DEC staff has the right to enter upon and pass through the property where the well subject to this form is located for the purposes of inspection of the well and, to the extent necessary, areas adjacent to the well site. I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect the site, without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at the site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the well and adjacent areas remains in effect as long as the well is regulated by DEC.				
TYPEWRITTEN NAME AND TITLE OF ACCOUNTABLE PERSON LISTED ON THE ORGANIZATIONAL REPORT ON FILE WITH THE DEPARTMENT				
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 form.				
SIGNATURE			APPLICATION DATE	