8000-FM-OOGM0005 Rev. 3/2020
Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

DEP USE ONLY	
Auth. No.	U.S. Well

NOTICE OF INTENTION BY WELL OPERATOR TO PLUG A WELL

☐ Well Operator ☐ Coal Operator		OGO No.	U.S. Well No. (Permit / Reg) 37- -	Date Drilled (If known)
Name			Well Farm Name	
Address		Telephone No.	Well No.	Well Serial No.
City	State	Zip Code	County	
☐ Agent (contractor) acting on behalf of the operator named above.			Municipality	
Address		Telephone No.	Latitude (DD) .	Longitude (DD) - .
City	State	Zip Code	*Attach well record if not previously submitted.*	

Complete this section if applicable. Prior to abandoning any well in an area underlain by a workable coal seam, the well operator or owner shall notify the coal operator, lessee, or owner of the intention to plug and abandon the well, and shall submit a plat showing the location and affix the date and time at which the work of plugging will commence.

Coal: ☐ Operator ☐ Owner ☐ Lessee Name	Coal: ☐ Operator ☐ Owner ☐ Lessee Name	Coal: ☐ Operator ☐ Owner ☐ Lessee Name
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone No. Notified? ☐Yes ☐No	Telephone No. Notified? ☐Yes ☐No	Telephone No. Notified? ☐Yes ☐No
This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. *Signature:*	This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. *Signature:*	This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. *Signature:*

Scheduled Date and Time of Plugging

Plugging is scheduled to begin on *(date)* at *(time)*

☐ **CHECK BLOCK IF THIS WELL IS BEING PLUGGED PERSUANT TO MINE THROUGH STANDARDS OF ACT 214 of 1989 AND the 2012 Oil & Gas Act.**

Checklist and Additional Attached Information

- ☐ Location Plat
- ☐ Current Well Record
- ☐ Available Well Record
- ☐ Application for Approval of Alternate Method of Plugging
- ☐ Mine - Through
- ☐ Other, describe:

Signature of Applicant (Operator or Agent)

Signature Date

Print or Type Signer's Name and Title

DEP USE ONLY

If this well has not been permitted or registered previously, DEP hereby assigns this identification number to the well location described in this notice: Identification No. _____ Date _____ Please refer to this number in all future correspondence.	Notice acknowledged by Date DEP Rep (Signature)_____ (Print Name) _____	Geologist _____ Date

Send a copy of this notice to the applicant and the DEP inspectors.

☐ Applicant ☐ Oil and Gas Inspector ☐ Mine Inspector

Date Received in DEP Office

Plugging must begin within 30 days of: