PRINT

DIVISION OF MINERAL RESOURCES

NOTICE OF INTENTION TO PLUG AND ABANDON

NEW YORK STATE OF OPPORTUNITY. Department of Environmental Conservation

THIS NOTICE IS A LEGAL DOCUMENT. READ THE APPLICABLE AFFIRMATION AND SIGNATURE CAREFULLY BEFORE SIGNING.
PRINT OR TYPE IN BLACK INK For Instructions on completing this form, visit the Division's website at www.dec.ny.gov/energy/205.html or contact your local Regional office.

WELL OWNER (Full name of Organization or Individual as registered with the Division)	API WELL IDENTIFICATION NUMBER 31 - - - -
ADDRESS (P.O. Box or Street Address, City State, Zip Code)	

WELL NAME AND NUMBER	COUNTY	TOWN

7 ½ MINUTE QUAD NAME	QUAD SECTION	TOTAL DEPTH	PLUG BACK 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

PLANNED DATE AND TIME OF COMMENCEMENT OF OPERATIONS	
NAME OF PLANNED PLUGGING CONTRACTOR (as registered with the Department)	TELEPHONE NUMBER (include area code)

CASING RECORD

CASING STRINGS	HOLE SIZE (in.)	PIPE SIZE (in.)	WEIGHT (lbs./ft.)	NEW OR USED	PUT IN WELL (TMD)	PULLED OUT (TMD)	LEFT IN WELL (TMD)	METHOD (cut, shot, etc.)
Drive Pipe or Conductor								
Surface or Water								
Intermediate								
Production								
Liners								

Enter proposed plugging plan starting from total depth

PROPOSED PLUGGING PLAN

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)

DEPARTMENT USE ONLY

BOND NUMBER	
PLUGGING PERMIT NUMBER	
DATE ISSUED	

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GIVE DETAILS FOR EACH OF THE PROPOSED CEMENT PLUGS INCLUDING BUT NOT LIMITED TO: how the cement will be mixed (by hand, mechanical mixer, service company, etc.), how the plug will be placed in the well (through pipe on gel, through pipe on a bridge, bullhead, squeeze, etc.) size of the tubing, casing or drill pipe used to place the plug in the well, and how the cement will be put into the well (pumped or gravity feed).

FOR WELLS WHERE THE SURFACE CASING SHOE DEPTH IS NOT KNOWN, describe the method that will be used to determine the depth of the surface casing shoe. This is not required for wells without surface casing or for wells in which a single plug will be placed from total depth to surface.

FOR DIRECTIONAL OR SIDETRACK WELLS also include a well bore diagram showing the location of each of the plugs noted in the above referenced details.

FOR WELLS NOT CURRENTLY REGISTERED WITH THE DEPARTMENT list the well type and also submit a map showing the location of the well.

WELL FLARING DURING PLUGGING

Will any flaring be required during the proposed plugging operation? ☐ Yes ☐ No ☐ Unknown at this time

If "Yes," the applicant must complete and attach an Application for Approval to Flare form available at http://www.dec.ny.gov/energy/4761.html. Application to the Department for a flare approval or extension of a previously approved flaring period shall be made on such form. If "Unknown at this time," the applicant must complete and submit an Application for Approval to Flare at a later date, and obtain Department approval prior to any flaring.

AFFIRMATION AND SIGNATURE

A. For use by individual:

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.

_____
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 complete this form; that this form was prepared under my supervision and direction; and that the information provided in this form is true to the best of my knowledge and belief. I am aware ant false statement made in this form is punishable pursuant to Section 210.45 of the Penal Law.

_____
Printed or Typed Name of Authorized Representative

_____ _____
Signature of Authorized Representative Date