EXPIRATION DATE

PRINT

DIVISION OF MINERAL RESOURCES

NEW YORK STATE OF OPPORTUNITY. Department of Environmental Conservation

REQUEST FOR SHUT-IN OR TEMPORARY ABANDONMENT

DEPARTMENT USE ONLY ☐ GRANTED ☐ 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: ☐ shut-in (One year term) ☐ 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? ☐ Yes ☐ No—File interim report with this request	EQUIPMENT: (Attach a list of all production equipment currently installed)
HAVE LOGS BEEN SUBMITTED TO THE DEPARTMENT? ☐ Yes ☐ No—Submit 2 copies of each log with this request	HAS WELL BEEN ON PRODUCTION? ☐ Yes ☐ No—Date of last production
IS THIS WELL PART OF A UNIT? ☐ No ☐ Yes—Unit size: acres	NUMBER OF OTHER WELLS IN THIS UNIT

TYPE OF WELL

☐ Oil ☐ Gas ☐ Other—Describe (e.g. storage, disposal injection, bine, 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 ☐ mcf	Calculated absolute open flow ☐ mcf	Tubing psig
Actual open flow ☐ mcf	Actual open flow ☐ 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 ☐ No ☐ Yes mcf/month	DISPOSITION OF ASSOCIATED GAS	

REASON FOR THIS REQUEST (Owner must demonstrate sufficient good cause and attach supporting detail):

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.

TYPEWRITTEN NAME AND TITLE OF ACCOUNTABLE PERSON LISTED ON THE ORGANIZATIONAL REPORT ON FILE WITH THE DEPARTMENT

SIGNATURE	APPLICATION DATE