DIVISION OF MINERAL RESOURCES

PLUGGING REPORT

NEW YORK STATE OF OPPORTUNITY. Department of Environmental Conservation

PRINT

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.

FOR DEPARTMENT USE ONLY

Reviewed by _____ Date _____ Bond No. _____

WELL NAME AND NUMBER	API WELL IDENTIFICATION NUMBER 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

☐ PLUG AND SKID ☐ PLUG BACK ☐ PLUG AND ABANDON

PLUGGING PERFORMED BY	DATE OF PLUGGING
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 (TMD)	LEFT IN WELL (TMD)	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.

Have pits and other excavations been filled? ☐ Yes ☐ No

Have the following been removed?

Debris ☐ Yes ☐ No

Equipment ☐ Yes ☐ No

Has casing been cut off below plow depth? ☐ Yes ☐ No

Has the well site been restored to condition similar to surrounding terrain? ☐ Yes ☐ 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.

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.

Printed or Typed Name of Authorized Representative _____ Signature of Authorized Representative _____ Date _____