ORPHAN WELL PROGRAM ORPHAN WELL REPORTING FORM

I believe there is an orphan well on my property and would like to talk to an inspector about this well.

1. NAME:		2. DATE:	
I. NAME:		Z. DATE:	
		,	,
		/	/
3. WORK PHONE NUMBER:	4. HOME PHONE NUM	DED.	
3. WORK PHONE NOWIDEN.	4. HOWE PHONE NOWIDEN:		
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_	()		_
5. STREET ADDRESS:			
S. STILLET ADDITION.			
7. CITY:	8. STATE:		9. ZIP CODE:
7.011.	6. STATE.		9. ZIF CODE.
10. MAILING ADDRESS (IF DIFFERENT):	•		
11. CITY (MAILING ADDRESS):	12 STATE (MAILING A	DDDESS).	13. ZIP CODE (MAILING ADDRESS):
11. CITT (MAILING ADDRESS).	12. STATE (MAILING ADDRESS):		13. ZIF CODE (MAILING ADDRESS).
14. COUNTY:	15. TOWNSHIP:		
16. API WELL NUMBER (IF KNOWN):			
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RETURN TO: Division of Oil and Gas Resources Management 2207 Reiser Avenue SE, New Philadelphia, OH 44663-3333