

IDAHO OIL AND GAS CONSERVATION COMMISSION PLUGGING RECORD

Lease Name:										
Operator:			Addres	ss:						
Well Number:			Field & Reservoir	r:						
Location of Well:(Sec.	-TWP-Range or E	Block & S	Survey)					County:		
Application to Drill this V	Has this Well ever produced		Character of Well at Completion (initial production):							
the name of		Oil	Oil or Gas?		Oil (bbls/day)		Gas (MCF/day)		Water (bbls/day)	
Date Plugged:		Tot	Total Depth		Amount Well Prod			ducing when Pluge	lucing when Plugged:	
					Oil (bbls/day)		Gas (MCF/day)		Water (bbls/day)	
Name of each formation containing							Size, kind & de	epth of plugs used.		
oil or gas. Indicate which formation		Florid Contact of analy Formation						Indicate zones squeeze cemented,		
open to well-bore at time of plugging.		Fluid Content of each Formation		tion	Depth Interval of each Formation			giving amount cement.		
				+						
								+		
								+		
				CASI	NG RECORD	0: 1				
				Give dep method of						
Oine aire		/ £ £ \	(a) D		t :	casing (shot,		Packers and shoes		
Size pipe Put in well (f		(π.)	ft.) Pulled out (ft.) Le		t in well (ft.) ripped,		etc.)	Раске	rs and snoes	
Was well filled with mud	to regulations?		Indicate deepest formation containing fresh water							
was well filled with frida	riauen nuiu, au	Jording	to regulations:		indicate de	epesi ioimai	ion contain	ing nesn water		
NAMES AND ADD			RESSES OF ADJACEN	ASE OPERATORS OR OWNERS OF TI			<u>HE SURFACE</u>			
Name				Addr	ess		Direction from this well			
In addition to other info	roation require	d an thi	a form if this well was	nluana	ad book for you	aa a fraah u	rotor well of	vivo all partinant de	stails of plugging	
In addition to other info operations to base of fr										
authorizing completion										
dutionzing completion	or trilo won do t	water	well and agreeing to ac	Journe	rail liability for	arry subscept	ioni piaggii	ig willon might be		
Use reverse side for ac	dditional detail.									
File this form in duplica		, Idaho	Department of Lands, I	Boise,	Idaho.					
CERTIFICA	ATE, I than	dorolas	and atota that I am t	h o						
	ATE. I, the un	dersigi	ned, state that I am t	ne						
of the							-		authorized by said	
company to make th	is report and t	hat thi	s report was prepare	ed und	der my superv	ision and o	direction a	nd that the facts	stated herein are	
true, correct and con	nplete to the b	est of	my knowledge.							
Date				Sig	nature					