



NOTICE OF INTENTION TO PLUG AND ABANDON

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 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 information provided on this form is true to the best of my knowledge and belief. I am aware that false statements made in this form are 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 that false statements made on this form are punishable pursuant to Section 210.45 of the Penal Law.

Printed or Typed Name of Authorized Representative

Signature of Authorized Representative

Date