

PLUGGING REPORT



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									
<input type="checkbox"/> PLUG AND SKID <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					Has casing been cut off below plow depth? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have the following been removed?					Has the well site been restored to condition similar to surrounding terrain? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Debris <input type="checkbox"/> Yes <input type="checkbox"/> No									
Equipment <input type="checkbox"/> Yes <input type="checkbox"/> 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 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 hereby 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 that false statements made in this report are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.									
_____			_____			_____			
Printed or Typed Name of Authorized Representative			Signature of Authorized Representative			Date			