



OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS RESOURCES MANAGEMENT

2045 MORSE RD., F-2, COLUMBUS, OH 43229-6693
Phone: (614) 265-6922 • Fax: (614) 265-6910



WELL PLUGGING REPORT (Form 55)

DNR-744-7007 (REV 042011)

API Well Number: _____ Owner: _____
 County: _____ Township: _____ Section: _____ Lot: _____
 Lease: _____ Well No. _____ Permit _____
 _____ Date: _____
 Completion Date: _____ Total Depth: _____ Start Date: _____ End Date: _____
 Plug Contractor: _____ Cement Manufacturer: _____
 _____ Clay Supplier: _____
 Cement Contractor: _____
 Log Contractor: _____

DNR Notified: Yes No Clay/Cement Ticket Attached: Yes No
 Reason for Plug: Incap. of production or injection Lost Dry hole Replugging Orphan Plug-back Plug-back formation: _____
 ODNR Witness: Complete Partial None Plug Job Description: Cement Clay Clay and Cement

BOREHOLE / CASING RECORD						
Type	Hole Size (in.)	Casing Outer Diameter (in.)	Casing Top (ft.)	Casing Bottom (ft.)	Shot / Rip Depth (ft.)	Recovered During Plug (ft.)
Drive Pipe						
Conductor						
Mine String						
Surface						
Production						
Liner						
Tubing						

Plug #							
1	Plugged Interval	Interval Bottom(ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
	Clay (tons):	Cement Class:	Sacks:	Weight lbs./gal:			
	Comments:						
	Spacer Type:	Viscosity:	Weight (lbs/gal):	Displacement Volume (Bbls):			

Plug #							
2	Plugged Interval	Interval Bottom(ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
	Clay (tons):	Cement Class:	Sacks:	Weight lbs./gal:			
	Comments:						
	Spacer Type:	Viscosity:	Weight (lbs/gal):	Displacement Volume (Bbls):			

Plug #							
3	Plugged Interval	Interval Bottom(ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
	Clay (tons):	Cement Class:	Sacks:	Weight lbs./gal:			
	Comments:						
	Spacer Type:	Viscosity:	Weight (lbs/gal):	Displacement Volume (Bbls):			



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Plug #							
4	Plugged Interval	Interval Bottom(ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
	Clay (tons):		Cement Class:		Sacks:		Weight lbs./gal:
	Comments:						
	Spacer Type:		Viscosity:		Weight (lbs/gal):		Displacement Volume (Bbls):

Plug #							
5	Plugged Interval	Interval Bottom(ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
	Clay (tons):		Cement Class:		Sacks:		Weight lbs./gal:
	Comments:						
	Spacer Type:		Viscosity:		Weight (lbs/gal):		Displacement Volume (Bbls):

Remarks: _____

Plugging Operations Witnessed by Inspector	Inspector Name	Witness Date	Arrival Time	Departure Time	Duration

Total Duration _____

The inspector's signature below attests that he/she accurately recorded information pertaining to the plugging operation actually witnessed, and by the information provided on the dates and times listed above. The inspector's signature does not imply that the owner/operator has successfully plugged materials for untested plug(s) actually remained across the intervals that they were intended to seal.

Signature of Inspector

Date Plugging Completed

OWNER AFFIDAVIT

By signing this affidavit, you are swearing or affirming that the information it contains is true and accurate.

I, _____, after being first duly cautioned and sworn, state that I have personal knowledge of all the facts contained in this Affidavit, that I am competent to testify to the matters stated herein, and that the following are true to the best of my knowledge and belief:

1. That I am the owner or operator agent who placed plugging material in the well referenced in this plugging report;
2. That the attached clay or cement tickets, affidavits, and/or bill of lading are the actual records for such materials used to plug the well referenced in this report; and
3. That I have read this plugging report, and the plugging materials were properly placed at the depths indicated on this plugging report in accordance with Chapter 1509 of Ohio Revised Code, Section 4101:10 et seq. of the Ohio Administrative Code and/or 1501:9-11-01 et seq. of the Ohio Administrative Code;

Further Affiant sayeth naught.

In testimony whereof, I have herewith subscribed my name this _____ day of _____, 20____.

Date Plugging Completed

Signature of Owner or Operator Agent

The foregoing instrument was sworn to, subscribed and acknowledged before me this _____ day of _____, 20____.

 Notary Public Signature

This report shall be submitted to the ODNR Division of Oil and Gas Resources Management within 30 days after the date the surface hole is plugged