## **DIRECTIONS:**

1. PLEASE TYPE OR USE BLACK INK. 2. File this form completed in its entirety.

- 3. Mail to the appropriate District Office.
- 4. Complete schematic sketch on back.
- 5. Attach amended OCC Form 1002A

## **OKLAHOMA CORPORATION COMMISSION**

TO SEND THIS FORM TO THE OCC, PLEASE USE THE APPROPRIATE DISTRICT EMAIL ADDRESS (ON THE BACK OF THIS FORM)

NOTICE OF TEMPORARY EXEMPTION FROM PLUGGING

ORIGINAL APPLICATION
AMENDED APPLICATION
RENEWAL APPLICATION

Form 1003A

Rev. 2017

snowin	ig i & A	condit	ions.				(C	DAC 1	65:10-1	11-9	")								
															(	Origina	ıl Applio	cation I	Date:
Operat	or															C/OTC			
Addres															Pho	mber one mber			
City						Stat	te.		Zip			Email			INUI	nbei			
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Lease Name/		er									API No.				OT Lea	se#			
Spot Loc'n		1/4	4	1/4		1/4		1/4					South Ler Sect				Ft. Fro		
Sec.		Twp. Rge.				County					Completion Date			Date Last Produced / Used as Utility Well					
Is well		ease or unit? Depth to Ba								Surface			a4 A4.						
	yes	ᆣ	no					rrea	itable v	wa	iter:				Cas	sing S	et At:		
LATEST Test TEST DATA: Date					Oil BBLS				S١	Water	,	BBLS			Gas			MCFD	
PRODL	RMATIO						PERFORATIONS			NS		SPACING SIZE/ORDER I							
Proposed date of Original date									te		Length of				f time applied for				
temporary abandonment:							abandoned:					(not to exceed 5 years):							
REAS	ON FC	OR E	XEMP	TION FF	ROM PL	UGGIN	NG												
			MPOR	ARY PL						IO	N OF	THE 7					R SAN	DS	
1. BRIDGING PLUG					1	2. TUBING WITH WITH PACKER					3. FLUID LEVEL TEST								
Brand/Type I						Brand/Type Metho							od						
Depth Set D						Depth (	Depth Set Depth to I							Fluid	b				
Top of	Γορ of Cement					Top of Cement							Type of Fluid						
DATE OF FLUID						WITNESSED													LD
LEVEL	. 5UK	V⊨Y					BY (	JUC	_			SI	GNAT	URF				INSP	ECTOR
I hereb	y certi	ify th	at I am	authoriz	zed to s	ubmit t	his ap	plica	ition, w	vhic	ch wa					under	my su	pervisio	on and

direction. The facts and proposals made herein are true to the best of my knowledge and belief.