

**STATE OF WYOMING**  
**OIL AND GAS CONSERVATION COMMISSION**  
**Office of State Oil and Gas Supervisor**  
**P. O. Box 2640**  
**Casper Wyoming 82602**

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill, deepen- Form 1 is provided for such proposals.)

12. API No.:
13. County:
Submit Single, Dupl. for State - Instructions on the reverse.
5. Lease No.:
6. Unit Agreement or CA:
7. Farm or Lease Name:
8. Well No.:
Reservoir: (Current)
10. Field Name:
4. Quarter- Quarter, Section, Township and Range:
Elevation: (KB) <span style="float: right;">Graded:</span>
Latitude: (SHL)
Longitude: (SHL)

1. Type Well:     Oil     Gas     CBM     Dry Hole     Injection     Other

2. Operator:

3. Address:

3b. Phone Number (w/ area code):

Contact Email:

15. Footages:    SHL:  
                    BHL:

**18. CHECK APPROPRIATE BOXES TO INDICATE THE NATURE OF NOTICE, REPORT, OR OTHER DATA**

<p><b>Type of Submission:</b></p> <p><input type="checkbox"/> Notice of Intent</p> <p><input type="checkbox"/> Subsequent Report</p> <p><input type="checkbox"/> Change of Address. <small>List Old &amp; New in space #19.</small></p> <p>Split Estate?    Yes    No                           <input type="checkbox"/>    <input type="checkbox"/></p> <p><small>If this Split Estate location change affects any owner change, file a new Form 1A.</small></p> <p>Sage Grouse Core Area?    Yes    No                                           <input type="checkbox"/>    <input type="checkbox"/></p>	<p><b>Type of Action:</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Change Plans</td> <td style="width: 33%;"><input type="checkbox"/> Fracture Treat/ Enhance <small>Must file with a complete stimulation plan</small></td> <td style="width: 33%;"><input type="checkbox"/> Repair Well (include description of repair)</td> </tr> <tr> <td><input type="checkbox"/> Convert to injection <small>Must have a separate UIC approval.</small></td> <td><input type="checkbox"/> Plug and Abandon</td> <td><input type="checkbox"/> Shut-in (Immediately capable of production)</td> </tr> <tr> <td><input type="checkbox"/> Idle <small>Not producing or injecting more than 30 days.</small></td> <td><input type="checkbox"/> Perforate (provide current and proposed reservoir)</td> <td><input type="checkbox"/> Start / Resume Production</td> </tr> <tr> <td><input type="checkbox"/> Location or Site Change <small>(Same Qtr-Qtr only) Original in Space #15. New in Space #19.</small></td> <td><input type="checkbox"/> Recomplete/ Plugback <small>Must file with a complete stimulation plan</small></td> <td><input type="checkbox"/> Temporarily Abandoned <small>Must isolate all productive intervals</small></td> </tr> <tr> <td><input type="checkbox"/> Federal Lease Owner Change <small>List Old &amp; New in space #19.</small></td> <td><input type="checkbox"/> Reclaim</td> <td><input type="checkbox"/> Water Shut-Off</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Rename</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Fracture Treat/ Enhance <small>Must file with a complete stimulation plan</small>	<input type="checkbox"/> Repair Well (include description of repair)	<input type="checkbox"/> Convert to injection <small>Must have a separate UIC approval.</small>	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Shut-in (Immediately capable of production)	<input type="checkbox"/> Idle <small>Not producing or injecting more than 30 days.</small>	<input type="checkbox"/> Perforate (provide current and proposed reservoir)	<input type="checkbox"/> Start / Resume Production	<input type="checkbox"/> Location or Site Change <small>(Same Qtr-Qtr only) Original in Space #15. New in Space #19.</small>	<input type="checkbox"/> Recomplete/ Plugback <small>Must file with a complete stimulation plan</small>	<input type="checkbox"/> Temporarily Abandoned <small>Must isolate all productive intervals</small>	<input type="checkbox"/> Federal Lease Owner Change <small>List Old &amp; New in space #19.</small>	<input type="checkbox"/> Reclaim	<input type="checkbox"/> Water Shut-Off		<input type="checkbox"/> Rename	<input type="checkbox"/> Other _____
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	<input type="checkbox"/> Rename	<input type="checkbox"/> Other _____																	

19. Describe the proposed or completed operations: Clearly state all pertinent dates and details, including the estimated start date. **Include a wellbore diagram whenever possible.** Add additional sheets if necessary, referencing API No., Well Name and Legal Location. See Page 2 for instructions. Form 3 is required following completion and recompletion process.

20. I hereby certify that the foregoing as to any work or operation performed is a true and correct report of such work or operations

Name (Printed or Typed): \_\_\_\_\_ Title: \_\_\_\_\_

21. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;">(The space below is for State office use)</p> <p>Approval By: _____ <small style="text-align: center;">State Oil and Gas Supervisor</small></p> <p>Approval Date: _____</p> <p>Approvals sent: _____</p>	<p style="text-align: center;">Conditions of approval:</p>
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## INSTRUCTIONS

**All work requires WOGCC approval before starting. All changes to approved work require prior approval.**

Proposals to **abandon a well** and subsequent reports of abandonment should include such special information as is required by local Federal and or State offices. In addition, such proposals and reports should include reasons for abandonment; data on any former or presently productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths ( top and bottom ) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size method of parting of any casing liner or tubing pulled and the depth to the top of any left in the hole; method of closing the top of the well, and the date the wellsite was conditioned for final inspection and approval of the abandonment.

If the well is to be an **injector, disposal, monitor, or water source** please, note this and the type as applicable under "Other", gas, water Class II, water Class V, H<sub>2</sub>S

If a well is to be **recompleted**, please **note the new reservoir** or pool. Please also note the **spacing order** for each pool.

If a well is to be recompleted in **multiple reservoirs** or pools, please note the **Commission approval**.

If a well is **temporarily abandoned**, please note the method for **isolating the productive interval**, such as CIBP set at \_\_\_ depth.

If a well is to be or was **fracture treated or stimulated**, all data required in **Chapter 3, Section 45** must be filed with this sundry.

A complete location must be on this form, including (Quarter- Quarter, Section, Township and Range) - If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements.

For wells within **Sage Grouse Core Areas**, well work, surface disturbing activities, and associated noise must comply with the **Governors Executive Order 2011-5** and associated **Wyoming Game and Fish Department** Recommendations. These may include, but may not be limited to, the following: No or minimal activity between March 15 and June 30, Noise avoidance greater than 10 dba from March 1 through May 15 between the hours of 6 PM and 8 AM, Reclamation re-establishing native grasses, forbs and shrubs, Control noxious weeds and invasive weeds. Provide Lek distance core and noncore, if less than 2 miles.

Please include wellbore diagrams showing current status and proposed changes whenever possible.

## AFFIDAVIT OF PLUGGING

I, \_\_\_\_\_, swear and depose that I am employed by  
\_\_\_\_\_ (Company Name )

as \_\_\_\_\_ (Position with the Company) in charge of well plugging; that I have read and understand

the well abandoning and plugging operations for \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ (API No., Well Name / Number)

The statements contained therein are true and correct to the best of my knowlec

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ } SS.

County of \_\_\_\_\_ }

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_