

North Carolina Department of Environment and Natural Resources
Division of Energy, Mineral, and Land Resources
Energy Section - Oil and Gas Program

Oil & Gas Program Use Only

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Form
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Oil or Gas Well Status

15A NCAC 05H .1620 & .1621

Permittee Name:

Company Name:

Address:

City:

Phone:

Fax:

Email:

State: Zip:

API Number: Nearest Town/ City:

Lease/Well Name:

Well Number: Wellsite Ingress/ Egress Location:

County:

Type of Well:

Oil

Gas

Dry

Strat.

Other*

Describe Other:

Type of Request:

Initial shut-in status

Annual extension of shut-in status

Initial temporary abandonment

Renewal of temporary abandonment

API Number:

Form 15 - Oil or Gas Well Status

Permittee Name:

Casing/Tubing Information:

	<u>Casing/Tubing Diameter</u> (inches)	<u>Casing/Tubing Depth</u> (feet)	<u>Casing/Liner Top</u> (feet)	<u>Casing/Tubing Weight per Foot</u> (pounds)	<u>Type of Cement</u>	<u>Cement Volume</u> (sacks)
Conductor						
Surface						
Intermediate						
Production						
Liner						
Tubing						

Pressure Information:

	<u>Current Casing/Tubing Pressure</u>	<u>Current Annulus Pressure Between Tubing & Production Casing String</u>	<u>Current Annulus Pressure Between Production Casing String & Surface Casing String</u>	<u>Indicate if Any Annuli are Open to the Atmosphere</u>
Conductor				<input type="text"/>
Surface				<input type="text"/>
Intermediate				<input type="text"/>
Production				<input type="text"/>
Liner				<input type="text"/>
				<input type="text"/>
				<input type="text"/>

Describe how the current condition of the oil or gas well is capable of the following:

1. Preventing damage to the production zone:

2. Preventing surface leakage of fluids:

3. Protecting groundwater:

4. Protecting health and safety of persons, property, or the environment:

API Number:

Form 15 - Oil or Gas Well Status

Permittee Name:

5. Describe the future utilization of the oil or gas well pursuant to 15A NCAC 05H .1620:

6. Describe how the oil or gas well is in compliance with the requirements of Rules .1614 and .1615:

*Attach the Supplemental Comments/Reporting Form for responses that are too large for the embedded comment boxes.
Include the associated comment number with each attached response.*

This form must be signed by the permittee or an authorized agent of the permittee.

Print Name: _____

Title: _____

Signature: _____

Date: _____