

EXPIRATION DATE

DIVISION OF MINERAL RESOURCES


**Department of
Environmental
Conservation**
REQUEST FOR SHUT-IN OR TEMPORARY ABANDONMENT

DEPARTMENT USE ONLY <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED		DATE	BY: (Department of Environmental Conservation)	
NAME OF OWNER (Full Name of Organization or Individual as registered with the Division)			TELEPHONE NUMBER (Include Area Code)	
LEASE OR UNIT NAME AND NUMBER			API WELL IDENTIFICATION NUMBER 3 1 - - - - -	
DEFINITIONS: SHUT-IN: A producing well closed down temporarily for repairs, testing, lack of market, etc. TEMPORARY ABANDONMENT: Cessation of work on a well pending determination of whether it should be completed as a producing well or permanently plugged and abandoned.				
THIS REQUEST IS FOR: <input type="checkbox"/> shut-in (One year term) <input type="checkbox"/> Temporary Abandonment (90 day term)			NUMBER OF PAST REQUESTS GRANTED FOR THIS WELL:	
TIME PERIOD REQUESTED (See above limits): FROM: Month Day Year TO: Month Day Year				
HAS WELL COMPLETION REPORT BEEN FILED WITH THE DEPARTMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No—File interim report with this request			EQUIPMENT: (Attach a list of all production equipment currently installed)	
HAVE LOGS BEEN SUBMITTED TO THE DEPARTMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No—Submit 2 copies of each log with this request			HAS WELL BEEN ON PRODUCTION? <input type="checkbox"/> Yes <input type="checkbox"/> No—Date of last production	
IS THIS WELL PART OF A UNIT? <input type="checkbox"/> No <input type="checkbox"/> Yes—Unit size: _____ acres			NUMBER OF OTHER WELLS IN THIS UNIT	
TYPE OF WELL <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other—Describe (e.g. storage, disposal injection, bine, stratigraphic, geothermal)				
GAS WELL DATA	TEST DEVICE: Acceptable measurement devices include Orifice Meter, Pitot Tube, Positive Choke, Critical Flow Prover			
	INITIAL TEST Test Device		MOST RECENT TEST Test Device	
	Calculated absolute open flow <input type="checkbox"/> _____ mcf		Calculated absolute open flow <input type="checkbox"/> _____ mcf	
	Actual open flow <input type="checkbox"/> _____ mcf		Actual open flow <input type="checkbox"/> _____ mcf	
	Duration hrs.		Duration hrs.	
	Date		Date	
ESTIMATES NOT ACCEPTABLE	GAS PRODUCTION PER DAY _____ mcf		CUMULATIVE PRODUCTION FROM INCEPTION TO DATE (Include Sold and Used on Lease) _____ mcf	
	LOCAL PIPELINE PRESSURE _____ psig		GAS PURCHASER/TRANSPORTER _____ METER NUMBER	
OIL WELL DATA	WELL BORE FLUID _____ % WATER _____ % OIL FLUID LEVEL: _____ Ft. from Surface			
	OIL PRODUCTION PER MONTH (6 Month Average) _____ bbls		OIL PURCHASER _____ TANK NUMBER(S) _____	
	GAS PRODUCED <input type="checkbox"/> No <input type="checkbox"/> Yes _____ mcf/month		DISPOSITION OF ASSOCIATED GAS _____	
REASON FOR THIS REQUEST (Owner must demonstrate sufficient good cause and attach supporting detail): _____ _____				
I hereby 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 request are punishable pursuant to Section 210.45 of the Penal Law.				
TYPEWRITTEN NAME AND TITLE OF ACCOUNTABLE PERSON LISTED ON THE ORGANIZATIONAL REPORT ON FILE WITH THE DEPARTMENT				
SIGNATURE				APPLICATION DATE