NOTICE OF INTENTION TO ABANDON AND PLUG WELL (Oil & Gas Form 3)

Permit no. ______________

File with the Oil and Gas Supervisor, Department of Natural Resources, Division of Geology and Earth Resources, MS 47007, Olympia, WA 98504-7007. A copy will be returned with approval or denial. You must also complete and file the Well Record or History (Oil & Gas Form 2).

Field or vicinity: _____________________________________  County:  _____________________________________

Operator: ______________________________  Address:  ____________________________________________________

Lease: ___________________________________________  Well No:  ______________________________

Location (lat/long and TRS):  ______________________________________________________________

Kind of well: ___________________________________________  Total depth:  __________________________

(oil, gas, or dry hole)

Allowable (if assigned): _____________________________

Last production test: Oil:  _____________________________ (bbls.)  Water:  ______________________________ (bbls.)  Gas:  _____________________________ (M.C.F.)

Production horizon:  _______________________________  Producing from:  ________________ to  ________________

Date of commencing proposed operations:  ______________________________________________________________

Name of party plugging well: _________________________________________  Phone:  __________________________

Address:  _________________________________________________________  Email:  __________________________

City/State/Zip:  _________________________________________________________  Fax:  __________________________

Correspondence should be sent to:  ______________________________________________________________

Name:  __________________________________________  Title:  _____________________________________________

Attach narrative description of the proposed plan of for plugging. Include full details of length and depth of plugs, plans for mudding, cementing, testing, and removing casing, and any other information to that will assist the agency in the evaluation of this proposal.

ACTION OF AGENCY

☐ Approved  Date:  __________________________

☐ Denied  Date:  __________________________

Washington State Department of Natural Resources
Division of Geology and Earth Resources

By:  __________________________________________

Name:  __________________________________________

Title:  __________________________________________