

Type or print only

RAILROAD COMMISSION OF TEXAS Oil and Gas Division Notice of Intention to Plug and Abandon

Operators must comply with RRC plugging procedures as outlined on the reverse side.

1. Operator's Name and Address (Exactly as shown on Form P-5, Organization Report)					3. RRC District No.		4. County of Well Site																				
					5. API No. 42-		6. Drilling Permit No.																				
					7. Rule 37 Case No.		8. Oil Lease No. or Gas Well ID No.		9. Well No.																		
2. RRC Operator Number _____					10. Field Name (Exactly as shown on RRC records)		11. Lease Name																				
12. Location • Section No. _____ Block No. _____ Survey _____ No. _____ Abstract No. A-_____ • Distance (in miles) and direction from a nearby town in this county (name the town). _____																											
13. Type of well 1. oil 3. disposal 5. other (specify) _____ 2. gas 4. injection Enter appropriate no. in box ▶ <input type="checkbox"/>					14. Type of completion Single <input type="checkbox"/> Multiple <input type="checkbox"/>			15. Total depth																			
16. Usable-quality water strata (as determined by Texas Dept. of Water Resources) occur to a depth of _____ feet and in deeper strata from _____ to _____ feet: and from _____ to _____ feet																											
17. • If there are wells in this area which are producing from or have produced from a shallower zone, state depth of zone _____ • If there are wells into which salt water is being or has been disposed of into a shallower zone, state depth of zone _____																											
18. Casing record (list all casing in well)					Top of cement determined by:			Anticipated casing recovery (feet)																			
Size	Depth	Cement (sacks)	Drilled hole size	Top of cement (feet)	Temper. Survey	Calculated	Cement Bond Log																				
_____ set @	_____ w/	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																			
_____ set @	_____ w/	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																			
_____ set @	_____ w/	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																			
_____ set @	_____ w/	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																			
_____ set @	_____ w/	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____																			
19. Has notice of intent to plug been filed previously for this well?					20. Plugging proposal (List all bridge and cement plugs. Load the hole with at least 9.5 lbs. per gallon mud.)																						
<input type="checkbox"/> Yes / / Mo. Day Yr. <input type="checkbox"/> No					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>No. of sacks</th> <th>Depth In feet (top & bottom)</th> </tr> </thead> <tbody> <tr><td>1.</td><td>_____</td></tr> <tr><td>2.</td><td>_____</td></tr> <tr><td>3.</td><td>_____</td></tr> <tr><td>4.</td><td>_____</td></tr> <tr><td>5.</td><td>_____</td></tr> <tr><td>6.</td><td>_____</td></tr> <tr><td>7.</td><td>_____</td></tr> <tr><td>8.</td><td>_____</td></tr> </tbody> </table>					No. of sacks	Depth In feet (top & bottom)	1.	_____	2.	_____	3.	_____	4.	_____	5.	_____	6.	_____	7.	_____	8.	_____
No. of sacks	Depth In feet (top & bottom)																										
1.	_____																										
2.	_____																										
3.	_____																										
4.	_____																										
5.	_____																										
6.	_____																										
7.	_____																										
8.	_____																										
21. Record of perforated intervals or open hole					23. Anticipated plugging date for this well is: / / Mo. Day Yr.																						
Perforations		Open	Plugged	Plugging method																							
_____		<input type="checkbox"/>	<input type="checkbox"/>	_____																							
_____		<input type="checkbox"/>	<input type="checkbox"/>	_____																							
_____		<input type="checkbox"/>	<input type="checkbox"/>	_____																							
Open Hole		<input type="checkbox"/>	<input type="checkbox"/>	_____																							
22. Name and address of cementing company or contractor																											
Typed or printed name of operator's representative					Title of person																						
Telephone: Area Code Number					Signature																						



Expiration date / / Mo. Day Yr.

RRC District Office Action

Date _____
District Director