



Plugging Report

Name and Address of Operator:		Telephone:	
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Well Name and Number:	API Number:	Permit Number:	
Location of well: Footages (from Section Line), Qtr-Qtr, Sec, Twp, Rge, County & High Res GPS coordinates: Field and Pool, or Wildcat			
Date Plugged	Total Depth MD & TVD	Produced Oil or Gas; Injected; Dry Hole?	Amount well produced or injected at initial completion and when plugged (bbls oil & water/day, MCF gas & air/day)
	MD: TVD:		

CASING RECORD (Report all strings set in well)

Hole Size	Casing Size	Weight per ft.	Depth Set	Amount Pulled	Sacks and Type of Cement	Top of Cement
1)						
2)						
3)						
4)						

PLUGGING RECORD

Type of Plug (Cmt or Mech)	Plug Interval	Formation Isolated	Sacks and Type of Cement Used (indicate if squeeze cemented) Use additional page(s) if needed.
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

MECHANICAL INTEGRITY TEST

Date MIT Performed:

Time (Minutes)	Pressure in Production Casing
0	
5	
10	
15	

Production Casing Maintains 90%
of Initial Pressure after 15 minutes?

Pass
MIT ☐

Fail
MIT ☐

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

Signature

Name (Print)

Title

Date