DEPARTMENT of AGRICULTURE and NATURAL RESOURCES
Minerals & Mining Program
2050 West Main, Suite #1, Rapid City, SD 57702-2493
Telephone: 605-773-4201, FAX: 605-394-5317

FORM 6

SUNDRY NOTICE AND REPORT ON WELLS

Operator Name: _____ Telephone: _____

Address:

Permit No.:	API No.:	Well Name and Number:	Location: (Qtr-Qtr, Sec, Twp, Rge, County)

REPORT OF:

- ☐ Acidize
- ☐ Perforate
- ☐ Fracture Treatment
- ☐ Change of Operator
- ☐ Spud
- ☐ Plug and Abandon
- ☐ Pull, Alter or Test Casing
- ☐ Squeeze Cement
- ☐ Change of Elevation
- ☐ Mechanical Integrity Test
- ☐ Venting or Flaring Gas
- ☐ Interim or Final Reclamation
- ☐ Spill, Fire, Break, or Blowout
- ☐ Drilling Progress
- ☐ Working Fluid Level
- ☐ Change to Dry Hole Marker
- ☐ Repairs
- ☐ Gas/Oil Ratio
- ☐ Work-Over
- ☐ Change in Drilling or Casing Program
- ☐ Shut-In Pressure
- ☐ Work Affecting Different Source of Supply
- ☐ BOP Pressure Test/Program
- ☐ Tank Battery Meter Tests
- ☐ Injection System Problems or Failure
- ☐ Commence Injection Operations
- ☐ Discontinue Injection Operations
- ☐ Directions to Well Site
- ☐ Other: _____

REQUEST FOR APPROVAL:

- ☐ Temporarily Abandon
- ☐ Proposed Plugging Program
- ☐ Changes in Cementing Program
- ☐ Drill without BOP
- ☐ Construction of Produced Water Handling Facilities
- ☐ Conversion of Mud Pit to Evaporation Pit
- ☐ Method of Determining Production from Separate Pools
- ☐ Use Produced Water for Dust Suppression
- ☐ Change in Method of Annual Gas Well Open Flow Test
- ☐ Atmospheric Discharge of Produced Water
- ☐ Change of Producing Formation
- ☐ Change of Surface Location
- ☐ Release of Reclamation Liability
- ☐ Dissolve Abandoned Field
- ☐ Method of Checking Tank Meters
- ☐ Extend Permit Term Beyond 12 months
- ☐ Confidentiality of Technical Data
- ☐ Change in Injection Fluid, Pressure, or Volume
- ☐ Other: _____

Describe Proposed or Completed Operations (clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). Use additional page(s) if appropriate.

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

FOR OFFICE USE ONLY (forms will be signed and returned only in cases where approval by DENR is required)

Approved by: _____ Title: _____ Date: _____

Conditions, if any: