



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)
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REPORT OF: <input type="checkbox"/> Acidize <input type="checkbox"/> Perforate <input type="checkbox"/> Fracture Treatment <input type="checkbox"/> Change of Operator <input type="checkbox"/> Spud <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Pull, Alter or Test Casing <input type="checkbox"/> Squeeze Cement <input type="checkbox"/> Change of Elevation <input type="checkbox"/> Mechanical Integrity Test <input type="checkbox"/> Venting or Flaring Gas <input type="checkbox"/> Interim or Final Reclamation <input type="checkbox"/> Spill, Fire, Break, or Blowout <input type="checkbox"/> Drilling Progress <input type="checkbox"/> Working Fluid Level <input type="checkbox"/> Change to Dry Hole Marker		<input type="checkbox"/> Repairs <input type="checkbox"/> Gas/Oil Ratio <input type="checkbox"/> Work-Over <input type="checkbox"/> Change in Drilling or Casing Program <input type="checkbox"/> Shut-In Pressure <input type="checkbox"/> Work Affecting Different Source of Supply <input type="checkbox"/> BOP Pressure Test/Program <input type="checkbox"/> Tank Battery Meter Tests <input type="checkbox"/> Injection System Problems or Failure <input type="checkbox"/> Commence Injection Operations <input type="checkbox"/> Discontinue Injection Operations <input type="checkbox"/> Directions to Well Site <input type="checkbox"/> Other: _____	<input type="checkbox"/> Drill without BOP <input type="checkbox"/> Construction of Produced Water Handling Facilities <input type="checkbox"/> Conversion of Mud Pit to Evaporation Pit <input type="checkbox"/> Method of Determining Production from Separate Pools <input type="checkbox"/> Use Produced Water for Dust Suppression <input type="checkbox"/> Change in Method of Annual Gas Well Open Flow Test <input type="checkbox"/> Atmospheric Discharge of Produced Water <input type="checkbox"/> Change of Producing Formation <input type="checkbox"/> Change of Surface Location <input type="checkbox"/> Release of Reclamation Liability <input type="checkbox"/> Dissolve Abandoned Field <input type="checkbox"/> Method of Checking Tank Meters <input type="checkbox"/> Extend Permit Term Beyond 12 months <input type="checkbox"/> Confidentiality of Technical Data <input type="checkbox"/> Change in Injection Fluid, Pressure, or Volume <input type="checkbox"/> Other: _____
		REQUEST FOR APPROVAL: <input type="checkbox"/> Temporarily Abandon <input type="checkbox"/> Proposed Plugging Program <input type="checkbox"/> Changes in Cementing Program	

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: