



Idaho Department Of Lands
Idaho Oil And Gas Conservation Commission



Plugging Record

IDAPA 20.07.02.502

This form is two (2) pages, please read and complete all sections.

Well information

Lease Name: _____

Operator: _____

Address: _____

API / US Well Number: _____ Field & Reservoir: _____

Location of Well:(Sec.-TWP-Range or Block & Survey)_____County: _____

Application to Drill this Well was filled in the name of:_____

Has this Well ever produced Oil or Gas?_____

Date Plugged:_____Total Depth:_____

Character of Well at Completion (initial production):

Oil (bbls/day):_____Gas (MCF/day)_____Water (bbls/day):_____

Amount Well Producing when Plugged:

Oil (bbls/day):_____Gas (MCF/day)_____Water (bbls/day):_____

Name of each formation containing oil or gas. Indicate which formation open to well-bore at time of plugging.	Fluid Content of each Formation	Depth Interval of each Formation	Size, kind & depth of plugs used. Indicate zones squeeze cemented, giving amount cement.

Casing Record

Size pipe	Put in well (ft.)	Pulled out (ft.)	Left in well (ft.)	Give depth & method of parting casing (shot, ripped, etc.)	Packers and shoes

Was well filled with mud-laden fluid, according to regulations?_____

Indicate deepest formation containing fresh water:_____

Names and Addresses of Adjacent Lease Operators or Owners of the Surface

Name	Address	Direction from this well

In addition to other information required on this form, if this well was plugged back for use as a fresh water well, give all pertinent details of plugging operations to base of fresh water sand, perforated interval to fresh water sand, name, and address of surface owner, and attach letter from surface owner authorizing completion of this well as a water well and agreeing to assume full liability for any subsequent plugging which might be required.

Use reverse side for additional detail.

File this form in duplicate with the Division Administrator – Minerals, Navigable Waters, Oil & Gas, Idaho Department of Lands, 300 N. 6th Street, Suite 103 Boise, Idaho.

CERTIFICATE: I, the undersigned, state that I am the_____of the_____(company), and that I am authorized by said company to make this report and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.

Date:_____Signature:_____