

PLUGGING RECORD

Operator		Address & Phone number			
Federal, State, or Indian Lease No. or lessor's name if fee lease		Well No.	Field & Reservoir		
Location of Well			Sec - Twp - Rge		County
Application to drill this well was filed in name of		Has this well ever produced oil or gas?	Character of well at completion (initial production) Oil (bbls/day) Gas (MCF/day)		Dry?
Date plugged	Total depth	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 wellbore 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 of cement		

CASING RECORD

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

Was well filled with heavy drilling mud, according to regulations? Indicate deepest formation containing fresh water

NAME 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

CERTIFICATE: I, the undersigned, under the penalty of perjury, 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 therein are true, correct and complete to the best of my knowledge.

_____ Date

_____ Signature

Mail one copy of completed form to:
 Oil and Gas Program Administrator
 Arizona Department of Environmental Quality
 1110 W. Washington Street
 Phoenix, AZ 85007
 Permit No. _____ email **one** copy to: ogcc@azdeq.gov

STATE OF ARIZONA
OIL & GAS CONSERVATION COMMISSION

Plugging Record

File two copies: one by mail, one electronically

Form No. 10