



NOTICE OF INTENTION TO PLUG AND ABANDON

This notice is a legal document. Read the applicable affirmation and signature information carefully before signing. For instructions completing this form, visit the Division's website or contact your local Regional office. PRINT OR TYPE IN BLACK INK.

WELL OWNER (Full name of Organization or Individual as registered with the Division)					API WELL IDENTIFICATION NUMBER 31 - - - - -				
ADDRESS (P.O. Box or Street Address, City State, Zip Code)									
WELL NAME AND NUMBER					COUNTY			TOWN	
7 1/2 MINUTE QUAD NAME			QUAD SECTION		TOTAL DEPTH			PLUG BACK DEPTH	
LOCATION DESCRIPTION		DECIMAL LATITUDE (NAD83)				DECIMAL LONGITUDE (NAD83)			
Surface _____ 0' _____ 0'		_____ . _____				_____ . _____			
Top of Target Interval _____		_____ . _____				_____ . _____			
Bottom of Target Interval _____		_____ . _____				_____ . _____			
Bottom Hole _____		_____ . _____				_____ . _____			
TVD                  TMD									
For vertical wells, use TMD to record depths. If well construction is unknown, estimates may be used based on available records from nearby wells.									
PLANNED DATE AND TIME OF COMMENCEMENT OF OPERATIONS					CASING RECORD: <input type="checkbox"/> Known <input type="checkbox"/> Estimate				
NAME OF PLANNED PLUGGING CONTRACTOR (as registered with the Department)					IF ESTIMATED, PROVIDE API NUMBER THAT CASING RECORD IS BASED ON: 31 - - - - -				
CASING RECORD	CASING STRINGS	HOLE SIZE (in.)	PIPE SIZE (in.)	WEIGHT (lbs./ft.)	NEW OR USED	PUT IN WELL (TMD)	PULLED OUT (feet)	LEFT IN WELL (feet)	METHOD (cut, shot, etc.)
	Drive Pipe or Conductor								
	Surface or Water								
	Intermediate								
	Production								
	Liners								
Enter proposed plugging plan starting from total depth									
PROPOSED PLUGGING PLAN	FILLING MATERIALS BRIDGES AND PLUGS	CLASS/TYPE OF CEMENT OR OTHER MATERIAL	NUMBER OF SACKS	SLURRY WT (ppg)	YIELD (ft. <sup>3</sup> /sx)	VOLUME (ft. <sup>3</sup> )	TAGGED (YES/NO)	FROM (TVD/TMD)	TO (TVD/TMD)
DEPARTMENT USE ONLY									
PLUGGING PERMIT NUMBER			DATE ISSUED			BOND NUMBER			

WELL OWNER (Full name of Organization or Individual as registered with the Division)	API WELL IDENTIFICATION NUMBER <div style="display: flex; justify-content: space-between;"> <span>31</span> <span>-</span> <span></span> <span>-</span> <span></span> <span>-</span> <span></span> <span>-</span> <span></span> </div>
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### Proposed Cement Plug Details

1. Is this well currently registered with NYSDEC? Yes      No  
 If 'No', indicate the well type: \_\_\_\_\_ and complete the Application for API Well Identification Number form and submit it with this Notice.

2. Is this a *Directional* or *Sidetrack* well? Yes      No  
 If "Yes", attach a well bore diagram showing the location of each of the plugs noted in the referenced detail box below.

3. If surface casing is present, is the depth of the casing shoe known (estimates are not acceptable)? Yes      No      N/A  
 If known, provide depth: \_\_\_\_\_ ft  
 If no, in the next section, describe the method that will be used to determine the depth of the surface casing shoe.

GIVE DETAILS FOR EACH OF THE PROPOSED CEMENT PLUGS INCLUDING BUT NOT LIMITED TO (please attach additional sheets if necessary): how the cement will be mixed (by hand, mechanical mixer, service company, etc.), how the plug will be placed in the well (through pipe on gel, through pipe on a bridge, bullhead, squeeze, etc.) size of the tubing, casing or drill pipe used to place the plug in the well, and how the cement will be put into the well (pumped or gravity feed).

### Environmental Assessment of Well Location

1. Will the construction of a well pad or access road be necessary to facilitate well plugging operations?  Yes       No
2. Are erosion control measures needed during construction of the access road or well site?  Yes       No  
 If "Yes", attach a description of the access road and/or well site and provide an Erosion and Sedimentation Control Plan.
3. Will the area of disturbance for the proposed action be greater than one acre?  Yes       No
4. Will plugging operations disturb more than 2.5 acres in an Agricultural District?  Yes       No
5. Is the well located over a primary or principal aquifer?  Yes       No
6. Is the well located within 2,000 feet of a public water supply well?  Yes       No
7. Is the well located within 150 feet of municipal water supply, lake, stream, or other public surface water bodies?  Yes       No
8. Is the well located within 150 feet of a residence, building, or outdoor facility of any type routinely occupied by people?  Yes       No
9. Is the well location within a 100-year floodplain?  Yes       No
10. Is the well location in a critical environmental area?  Yes       No
11. Is the well location in a coastal zone management area?  Yes       No
12. Is any part of the well site or access road located in a regulated wetland or its 100-foot buffer zone?  Yes       No
13. Does the project site (well pad and/or access road) contain any species of animal life that are listed as threatened or endangered?  Yes       No
14. Are there any known archeological and/or historical resources which may be affected by plugging operations?  Yes       No
15. Are any additional State, Local, or Federal permits or approvals required for this project?  Yes       No  
 If "Yes", provide pertinent application and permit dates.
 

	Application Date	Permit Issuance Date
i. Stream Disturbance Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
ii. NYSDEC Water Withdrawal Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
iii. Wetlands Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
iv. River Basin Commission Water Withdrawal or Consumptive Use Permit or Approval (SRBC, DRBC or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
v. Floodplain Permit (DEC or Local)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
vi. Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

### Water Withdrawal Requirements

1. Select the source of water that will be used during plugging operations:  a. Stream       b. Lake  
 c. Pond       d. Private water well       e. Municipal source       e. Other: \_\_\_\_\_

2. If a non-municipal surface or groundwater source will be used, provide the location coordinates. \_\_\_\_\_  
DECIMAL LATITUDE (NAD83)      DECIMAL LONGITUDE (NAD83)

3. Provide the estimated capacity of the water withdrawal system: \_\_\_\_\_ gallons per day

4. Provide estimated total volume of water withdrawal: \_\_\_\_\_ gallons

### Waste Containment and Disposal

1. How will well fluids be captured and contained on site?  a. Lined pits     b. Tanks     c. Other: \_\_\_\_\_

2. How will waste fluids be removed from the site and where will they be disposed of? If fluids are hauled off site, a waste transporter with a valid Part 364 Permit must be used.

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	31 - - - - - - - - - -

**WELL FLARING DURING PLUGGING**  
 Will any flaring be required during the proposed plugging operation?       Yes       No       Unknown at this time

If "Yes," the applicant must complete and attach an Application for Approval to Flare form available at [www.dec.ny.gov/energy/4761.html](http://www.dec.ny.gov/energy/4761.html). Application to the Department for a flare approval or extension of a previously approved flaring period shall be made on such form. If "Unknown at this time," the applicant must complete and submit an Application for Approval to Flare at a later date and obtain Department approval prior to any flaring.

**AFFIRMATION AND SIGNATURE**

**A. For use by individual:**

I affirm under penalty of perjury that information provided in this form is true to the best of my knowledge and belief. By signing this form, I acknowledge that DEC staff has the right to enter upon and pass through the property where the well subject to this form is located for the purposes of inspection of the well and, to the extent necessary, areas adjacent to the well site. I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect the site, without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at the site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the well and adjacent areas remains in effect as long as the well is regulated by DEC. I am aware any false statement made on this form is punishable pursuant to Section 210.45 of the Penal Law.

\_\_\_\_\_ Printed or Typed Name of Individual

The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this form.

\_\_\_\_\_ Signature of Individual      \_\_\_\_\_ Date

**B. For use by organizations other than an individual:**

I affirm under penalty of perjury that I am \_\_\_\_\_ (title) of \_\_\_\_\_ (organization); that I am authorized by the organization to complete this form; that this form was prepared under my supervision and direction; and that the information provided in this form is true to the best of my knowledge and belief. I am aware any false statement made in this form is punishable pursuant to Section 210.45 of the Penal Law. By signing this form, I acknowledge that DEC staff has the right to enter upon and pass through the property where the well subject to this form is located for the purposes of inspection of the well and, to the extent necessary, areas adjacent to the well site. I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect the site, without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at the site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the well and adjacent areas remains in effect as long as the well is regulated by DEC.

\_\_\_\_\_ Printed or Typed Name of Authorized Representative

The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this form.

\_\_\_\_\_ Signature of Authorized Representative      \_\_\_\_\_ Date