



WELL PLUGGING REPORT (Form 55)

API WELL NUMBER _____ Owner: _____
 County: _____ Civil Twp: _____ Lat: _____ Long: _____
 Well name: _____ Well No: _____ Total Depth: _____ Permit Date ____/____/____
 Completion Date: ____/____/____ Plugging Start Date: ____/____/____ Plugging End Date ____/____/____

Company Representative: _____

Plug Contractor: _____

Cement Manufacturer: _____

Cement Contractor: _____

Clay Supplier: _____

Log Contractor: _____

DNR Notified: Yes <input type="checkbox"/> No <input type="checkbox"/>
Clay/Cement Ticket Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for plug: <input type="checkbox"/> Incapable of production or injection <input type="checkbox"/> Lost <input type="checkbox"/> Dry hole <input type="checkbox"/> Re-plug <input type="checkbox"/> Orphan <input type="checkbox"/> Plug-back <input type="checkbox"/> Other _____
Plug Back Formation: _____
ODNR Witness: <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> None
Plug job description: <input type="checkbox"/> Cement <input type="checkbox"/> Clay <input type="checkbox"/> Clay and Cement <input type="checkbox"/> Grout

BOREHOLE / CASING RECORD						
Type	Hole Size (in.)	Casing Outer Diameter (in.)	Casing Top (ft)	Casing Bottom (ft)	Shot / Rip Depth (ft)	Recovered During Plug (ft)
Drive Pipe						
Conductor						
Mine String						
Surface						
Intermediate						
Intermediate 2						
Production						
Liner						
Tubing						

Plug	Plugged Interval	Interval Bottom (ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
1							
Plug witnessed by inspector: Yes <input type="checkbox"/> No <input type="checkbox"/> Inspector name: _____ DOGMR Duration _____ Cement Class: _____ Sacks: _____ Weight lbs./gal: _____ Measured cement weight: _____ Cement additives: _____ Plug placement method: _____ Plug equipment: _____ Plug equipment depth: _____ Type of Pit: _____ Pit lined: Yes <input type="checkbox"/> No <input type="checkbox"/> Clay (tons): _____ Spacer Type: _____ Weight (lbs/gal) _____ Displacement Volume (Bbls) _____ Circulation: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments: _____ _____							

Plug	Plugged Interval	Interval Bottom (ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
2							
Plug witnessed by inspector: Yes <input type="checkbox"/> No <input type="checkbox"/> Inspector name: _____ DOGMR Duration _____ Cement Class: _____ Sacks: _____ Weight lbs./gal: _____ Measured cement weight: _____ Cement additives: _____ Plug placement method: _____ Plug equipment: _____ Plug equipment depth: _____ Type of Pit: _____ Pit lined: Yes <input type="checkbox"/> No <input type="checkbox"/> Clay (tons): _____ Spacer Type: _____ Weight (lbs/gal) _____ Displacement Volume (Bbls) _____ Circulation: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments: _____ _____							

Plug	Plugged Interval	Interval Bottom (ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
3							
Plug witnessed by inspector: Yes <input type="checkbox"/> No <input type="checkbox"/> Inspector name: _____ DOGMR Duration _____ Cement Class: _____ Sacks: _____ Weight lbs./gal: _____ Measured cement weight: _____ Cement additives: _____ Plug placement method: _____ Plug equipment: _____ Plug equipment depth: _____ Type of Pit: _____ Pit lined: Yes <input type="checkbox"/> No <input type="checkbox"/> Clay (tons): _____ Spacer Type: _____ Weight (lbs/gal) _____ Displacement Volume (Bbls) _____ Circulation: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments: _____ _____							



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Plug	Plugged Interval	Interval Bottom (ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
4							
Plug witnessed by inspector: Yes <input type="checkbox"/> No <input type="checkbox"/> Inspector name: _____ DOGRM Duration _____							
Cement Class: _____ Sacks: _____ Weight lbs./gal: _____ Measured cement weight: _____ Cement additives: _____ Plug placement method: _____ Plug equipment: _____ Plug equipment depth: _____ Type of Pit: _____ Pit lined: Yes <input type="checkbox"/> No <input type="checkbox"/> Clay (tons): _____							
Spacer Type: _____ Weight (lbs/gal) _____ Displacement Volume (Bbls) _____ Circulation: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>							
Comments: _____ _____							

Plug	Plugged Interval	Interval Bottom (ft)	Interval Top (ft)	Plug Material	Plug Bottom (ft)	Plug Top (ft)	Plug Tag (ft)
5							
Plug witnessed by inspector: Yes <input type="checkbox"/> No <input type="checkbox"/> Inspector name: _____ DOGRM Duration _____							
Cement Class: _____ Sacks: _____ Weight lbs./gal: _____ Measured cement weight: _____ Cement additives: _____ Plug placement method: _____ Plug equipment: _____ Plug equipment depth: _____ Type of Pit: _____ Pit lined: Yes <input type="checkbox"/> No <input type="checkbox"/> Clay (tons): _____							
Spacer Type: _____ Weight (lbs/gal) _____ Displacement Volume (Bbls) _____ Circulation: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>							
Comments: _____ _____							

Remarks: _____

ODNR DOGRM Duration: _____

The inspector's signature below attests that he/she accurately recorded information pertaining to the plugging operation actually witnessed, and by the information provided on the dates and times listed above. The inspector's signature does not imply that the owner/operator has successfully plugged materials for untested plug(s) actually remained across the intervals that they were intended to seal.

 (Signature of Inspector)

_____/_____/_____
 Date Plugging Completed

OWNER AFFIDAVIT

By signing this affidavit, you are swearing or affirming that the information it contains is true and accurate.

I, _____, after being first duly cautioned and sworn, state that I have personal knowledge of all the facts contained in this Affidavit, that I am competent to testify to the matters stated herein, and that the following are true to the best of my knowledge and belief:

1. That I am the owner or operator agent who placed plugging material in the well referenced in this plugging report;
2. That the attached clay or cement tickets, affidavits, and/or bill of lading are the actual records for such materials used to plug the well referenced in this report; and
3. That I have read this plugging report, and the plugging materials were properly placed at the depths indicated on this plugging report in accordance with Chapter 1509 of Ohio Revised Code, Section 4101:10 et seq. of the Ohio Administrative Code and/or 1501:9-11-01 et seq. of the Ohio Administrative Code;

Further Affiant sayeth naught.

In testimony whereof, I have herewith subscribed my name this _____ day of _____, 20____.

_____/_____/_____
 Date Plugging Completed

 Signature of Owner or Operator Agent

The foregoing instrument was sworn to, subscribed and acknowledged before me this _____ day of _____, 20____.

 Notary Public Signature

This report shall be submitted to the ODNR Division of Oil and Gas Resources Management within 30 days after the date the surface hole is plugged.