

STATE OF NEVADA
 COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
 (775) 684-7040 • Fax (775) 684-7052

**OIL, GAS, AND GEOTHERMAL
 WELL PLUGGING REPORT**

Company or Operator _____

Street or P.O. Box _____ City _____ State _____

Zip _____ Telephone _____

Lease name _____ Well No. _____ within the _____ 1/4 _____ 1/4

Sec _____, T. _____, R. _____ M.D.B.M. Permit No. _____

Field _____, County _____

The well is _____ feet from (N) (S) line and _____ feet from (E) (W) line of the section. (Give location from section line, cross out wrong directions.)

If patented land, fee owner is _____

Address _____

If government land, lease serial No. is _____

Lessee is _____

Address _____

Plugging Date _____

Section _____

GEOLOGICAL FORMATIONS

	NAME	TOP	BOTTOM
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

	NAME	TOP	BOTTOM
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

GAS OR OIL SANDS AND OR ZONES

1. TOP _____	BOTTOM _____
2. TOP _____	BOTTOM _____
3. TOP _____	BOTTOM _____
4. TOP _____	BOTTOM _____

5. TOP _____	BOTTOM _____
6. TOP _____	BOTTOM _____
7. TOP _____	BOTTOM _____
8. TOP _____	BOTTOM _____

IMPORTANT WATER SANDS

Give data on rate of inflow and elevation to which water rose in hole. T.D. _____

1. TOP _____	BOTTOM _____	REMARKS _____
2. TOP _____	BOTTOM _____	REMARKS _____
3. TOP _____	BOTTOM _____	REMARKS _____
4. TOP _____	BOTTOM _____	REMARKS _____

CASING/LINER RECORD

PLUGGING RECORD

	Size/wt.	Shoe depth	Perfs. from-to	Cmt'd. from-to	No. Plugs	Bottom Depth	Top Depth	CMT. Type Vol.
1.								
2.								
3.								
4.								
5.								

Note the mud weight between plugs _____ ppg.

Name _____ Address _____
 Position _____ City _____ State _____
 Company or Operator _____ Date _____, 20____