



Notification of Intention to Plug
OAC 165:5-3-1(b)(1)(R); OAC 165:10-1-7(b)(4)

Form 1001
Revised 2024

PAYMENT REQUIRED \$100.00

Fee refunds are prohibited under OAC 165:5-3-1(a)(2)-(3)

Instructions:

Must have 1002A Attached

Must Attach Documents for Alternative Plugging Procedure

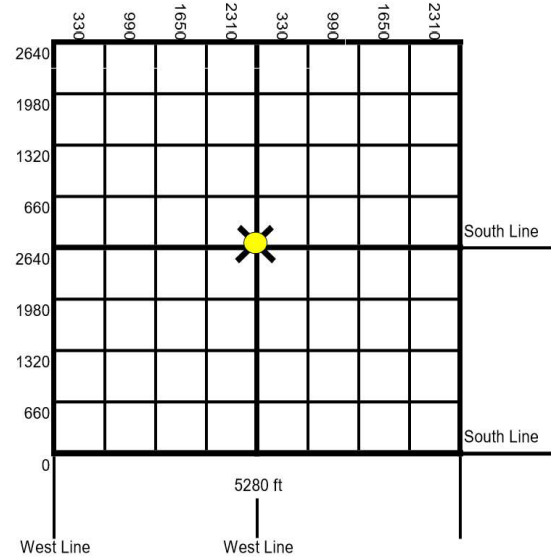
1. DATE FORM PREPARED	2. DATE PLUGGING TO BEGIN
3. LATITUDE	4. LONGITUDE

WELL LOCATION

5. WELL NAME/NO.		6. API NO.	
6. OTC PRODUCTION UNIT NO.		8. BASE OF TREATABLE WATER	
9. 1/4		1/4	
SEC.	TWP.	RGE.	COUNTY

OPERATOR

10. OPER NAME		11. OTC/OCC OPERATOR NO.	
12. ADDRESS		13. PHONE NUMBER	
CITY	STATE	ZIP	
14. E-MAIL ADDRESS			



CORRESPONDENCE REGARDING THIS WELL SHOULD BE MAILED TO:

15. NAME		16. PHONE NUMBER	
17. ADDRESS			
CITY		STATE	
18. NAME OF FIRM PLUGGING WELL		ZIP	
19. LICENSE NO.		20. PHONE NUMBER	
21. E-MAIL ADDRESS/FAX			

LIST OF CASING STRING AND SETTING DEPTHS

TYPE CASING	SIZE	SETTING DEPTH	CEMENT TOP
PERFORATION DEPTH INTERVALS			

I the undersigned, certify that the above information is true, correct, and completed to the best of my knowledge and belief.

Print Name and Title of Operator's Agent

Signature of Operator's Agent