

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
 http://minerals.nv.gov

**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

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

Section _____

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

UTM Northing _____ N; UTM Easting _____ E (NAD83 Datum)

Field _____, County _____

The well is _____ feet from the North / South line and
 _____ feet from the East / West line of the section.

If patented land, fee owner is _____

Address _____

If government land, lease serial No. is _____

Lessee is _____

Address _____

Plugging Date _____

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 _____ Position _____

Company/Operator _____

Address _____ City _____ St. _____ Zip Code _____

Date _____