

# MISSISSIPPI STATE OIL & GAS BOARD PLUGGING RECORD

Operator		Address		
Name of Well		Well No.	Field & Reservoir	
Location of Well		Section - Township - Range		
API No.		County		
Application to drill this well was filed in name of:		Has this well ever produced oil or gas	Character of well at completion (initial production): Oil (bbls/day)      Gas (MCF/day)      Dry	
Date Plugged		Total Depth	Amount well producing when plugged: Oil (bbls/day)      Gas (MCF/day)      Water (bbls/day)	

Name of each formation containing oil or gas. Indicate which formation open to wellbore at time of plugging.	Fluid content of each formation	Depth interval of each formation	Size, kind & depth of plugs used. Indicate zones squeeze cemented, giving amount cement.

**CASING RECORD**

Size pipe	Put in well (feet)	Pulled out (feet)	Left in well (feet)	Give depth & method of parting casing (shot, ripped, etc.)	Packers and shoes

Was well filled with mud-laden fluid, according to regulations? \_\_\_\_\_ Indicate deepest formation containing fresh water: \_\_\_\_\_

**NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE**

Name	Address	Direction from this well

In addition to other information required on this form, if this well was plugged back for use as a fresh water well, give all pertinent details of plugging operations to base of fresh water sand, perforated interval to fresh water sand, name and address of surface owner, and attach letter from surface owner authorizing completion of this well as a water well and agreeing to assume full liability for any subsequent plugging which might be required.

Use reverse side for additional details  
File this form in duplicate with: \_\_\_\_\_

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } \_\_\_\_\_  
Signature of Affiant

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath, states that he is duly authorized to make the above report and that he has knowledge of the facts stated herein, and that said report is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SEAL  
My commission expires \_\_\_\_\_

Signature \_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
County \_\_\_\_\_