



REQUEST FOR SHUT-IN OR TEMPORARY ABANDONMENT

DEPARTMENT USE ONLY GRANTED DENIED	DATE	BY: (Department of Environmental Conservation)
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NAME OF OWNER (Full Name of Organization or Individual as registered with the Division)	TELEPHONE NUMBER (Include Area Code)
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LEASE OR UNIT NAME AND NUMBER	API WELL IDENTIFICATION NUMBER 31 - - -
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DEFINITIONS:
SHUT-IN: A producing well closed down temporarily for repairs, testing, lack of market, etc.
TEMPORARY ABANDONMENT: Cessation of work on a well pending determination of whether it should be completed as a producing well or permanently plugged and abandoned.

THIS REQUEST IS FOR: shut-in (One year term) Temporary Abandonment (90 day term)	NUMBER OF PAST REQUESTS GRANTED FOR THIS WELL
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TIME PERIOD REQUESTED (See above limits):					
From: Month	Day	Year	To: Month	Day	Year

HAS WELL COMPLETION REPORT BEEN FILED WITH THE DEPARTMENT? Yes No —File interim report with this request	EQUIPMENT: (Attach list of all production equipment currently installed)
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HAVE LOGS BEEN SUBMITTED TO THE DEPARTMENT? Yes No —Submit 2 copies of each log with this request	HAS WELL BEEN ON PRODUCTION? No Yes—Date of last production
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IS THIS WELL PART OF A UNIT? No Yes—Unit size acres	NUMBER OF OTHER WELLS IN THIS UNIT
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TYPE OF WELL Oil Gas Other—Describe (e.g. storage, disposal, injection, brine, stratigraphic, geothermal)		
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GAS WELL DATA	TEST DEVICE: Acceptable measurement devices include Orifice Meter, Pitot Tube, Positive Choke, Critical Flow Prover		
	INITIAL TEST Test Device	MOST RECENT TEST Test Device	CURRENT STATIC PRESSURE (Within 10 days of this request)
	Calculated absolute open flow mcf	Calculated absolute open flow mcf	Tubing psig
	Actual open flow mcf	Actual open flow mcf	Production Casing psig
	Duration hrs	Duration hrs	Surface Casing psig
	Date	Date	Distance to nearest purchaser Custody Transfer Point ft.

ESTIMATES NOT ACCEPTABLE	GAS PRODUCTION PER DAY mcf	CUMULATIVE PRODUCTION FROM INCEPTION TO DATE (Include Sold and Used on Lease) mcf	
	LOCAL PIPELINE PRESSURE psig	GAS PURCHASER/TRANSPORTER	METER NUMBER

OIL WELL DATA	WELL BORE FLUID % Water % Oil Fluid Level Ft. from Surface		
	OIL PRODUCTION PER MONTH (6 Month Average) bbls	OIL PURCHASER	TANK NUMBER(S)
	GAS PRODUCED No Yes mcf/month	DISPOSITION OF ASSOCIATED GAS	

REASON FOR THIS REQUEST (Owner must demonstrate sufficient good cause and attach supporting detail):

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. I am aware that false statements made in this request are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

TYPEWRITTEN NAME AND TITLE OF ACCOUNTABLE PERSON LISTED ON THE ORGANIZATIONAL REPORT ON FILE WITH THE DEPARTMENT

SIGNATURE	APPLICATION DATE
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