



EXPIRATION DATE

## REQUEST FOR SHUT-IN OR TEMPORARY ABANDONMENT

<b>DEPARTMENT USE ONLY</b>	DATE	BY: (Department of Environmental Conservation)
<b>GRANTED</b> <b>DENIED</b>		

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 -         -         -

**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)	

<b>GAS WELL DATA</b>	TEST DEVICE: Acceptable measurement devices include Orifice Meter, Pitot Tube, Positive Choke, Critical Flow Prover		
	INITIAL TEST	MOST RECENT TEST	CURRENT STATIC PRESSURE
	Test Device	Test Device	(Within 10 days of this request)
	Calculated absolute open flow	Calculated absolute open flow	Tubing      psig
	mcf	mcf	
	Actual open flow	Actual open flow	Production Casing      psig
mcf	mcf		
Duration	Duration	Surface Casing      psig	
hrs	hrs		
Date	Date	Distance to nearest purchaser	
		Custody Transfer Point      ft.	

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

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

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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