

NOTICE OF INTENTION TO ABANDON AND PLUG WELL (Geothermal Form 3)

Permit no.

File with the Geothermal Supervisor, Department of Natural Resources, Division of Geology and Earth Resources, MS 47007, Olympia, WA 98504-7007. A copy will be returned with approval or denial. You must also complete and file the Well Record or History (Geothermal Form 2).

Well Record or Histor	(Geothermal Form 2).
Field or vicinity:	County:
Operator:	Address:
Lease:	Well No:
Location (lat/long and	TRS):
Kind of well:	Total depth:
Allowable (if assigned	(resource or core hole)
	Producing from: to
Date of commencing p	oposed operations:
Name of party pluggir	well: Phone:
Address:	Email:
City/State/Zip:	Fax:
Correspondence shoul	be sent to:
Name:	Title:
	tion of the proposed plan of for plugging. Include full details of length and depth of plugs, plans for sting, and removing casing, and any other information to that will assist the agency in the evaluation
	ACTION OF AGENCY
☐ Approved Da	:
☐ Denied Da	:
	Washington State Department of Natural Resources Division of Geology and Earth Resources
	Ву:
	Name:
	Title