

## NOTICE OF INTENTION TO ABANDON AND PLUG WELL (Oil & Gas Form 3)

Permit no.	
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File with the Oil and Gas 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 (Oil & Gas Form 2).

Field or vicinity:	County:	
Operator:	Address:	
Lease:	Well No:	
Location (lat/long and TRS):		
	Total depth:	
	, gas, or dry hole)	·
Last production test: Oil:	(bbls.) Water:	(bbls.)
Gas:	(M.C.F.)	
Production horizon:	Producing from: to	
Date of commencing proposed operat	tions:	
Name of party plugging well:	Phone:	
Address:	Email:	
City/State/Zip:	Fax:	
Correspondence should be sent to:		
Name:	Title:	
	oposed plan of for plugging. Include full details of length and depth of plugoring casing, and any other information to that will assist the agency in t	
	ACTION OF AGENCY	
☐ Approved Date:		
☐ Denied Date:		
	Washington State Department of Natural Resources Division of Geology and Earth Resources	S
	Ву:	
	Name:	
	Title	

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