

Iowa Department of Natural Resources

Well Plugging Record

Permit No.:					Date:		
Lessee or Operato	or:						
Address:							
Lease Name:		Well No.		County:			
Location:	¼ ¼ ¼ ¼, Sec			•	N., R.		
Type of Well:			otal Depth:		mation:		
	(Oil, Gas, Geological I	nformation, etc.)					
Date well was plu			Gi	ve results of all drill s	stem tests on rever	se side.	
Electric or other le	ogs run?						
Was this well core	ed? Yes	No If yes, give in	itervals:				
*Name of each formation containing oil, gas, or water		Fluid Content E	Fluid Content Each Formation		h **Size, kind	**Size, kind, and depth of plugs used	
	ation open to well bore a eze cemented, giving an						
Casing Size	Where Set	Amount Recovered	Perforated	Bridge or Plugs	Depth Placed	Number Sacks Cement	
Describe in detail	how the well was p	lugged (use reverse	if needed):			<u> </u>	
Was circulation lo	st? Yes	No If yes, give do	etails:				
Was any equipme If yes, give deta		in the hole before or	during plugging?	Yes No			
		all available adjoinin	g lease and landow	ners? Yes	7 No		
	s of person in charg		5 icuse and iandov				
Representatives o	f owner, operator, o	company, or contract	tor who witnessed	plugging:			
STATE OF (LESSEE OR OPERATOR)							
COUNTY OF		— } §					
_		/	(SIGN	ATURE)	(TITLE)	
Before me, the und	lersigned, a Notary Pu	ıblic in and for the Cou	inty and State afores	aid, on this day person	ally appeared		
	,			person whose name is		oove	
			e is duly authorized t	o make the above app			
Suk	oscribed and sworn to	me this	day of		,20		
My Commission ex							
,				NOT	TARY PUBLIC		

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