

Iowa Department of Natural Resources

WELL PLUGGING RECORD

Permit No. _____ Date: _____ 19 _____
 Lessee or Operator _____ Address _____
 Lease Name _____ Well No. _____ County _____
 Location _____ 1/4 _____ 1/4 _____ 1/4, Sec. _____ T _____ N _____ R _____ E W
 Type of Well _____ Total Depth _____ Formation _____
(OIL, GAS, GEOLOGICAL INFORMATION, ETC.)
 Date well was plugged _____ Give results of all drill stem tests on reverse side.
 Electric or other logs run? _____
 Was this well cored? _____ If so, give intervals _____

| * NAME OF EACH FORMATION CONTAINING OIL, GAS, OR WATER | FLUID CONTENT EACH FORMATION | DEPTH INTERVAL EACH FORMATION | ** SIZE, KIND, AND DEPTH OF PLUGS USED |
|--|------------------------------|-------------------------------|--|
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* Indicate which formation open to well bore at time of plugging.

** Indicate zones squeeze cemented, giving amount of cement

| CASING SIZE | WHERE SET | AMOUNT RECOVERED | PERFORATED | BRIDGE OR PLUGS | DEPTH PLACED | NUMBER SACKS CEMENT |
|-------------|-----------|------------------|------------|-----------------|--------------|---------------------|
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Describe in detail how the well was plugged _____

 _____ (Use reverse side, if needed)

Was circulation lost? _____ If so, give details _____

Was any equipment, etc., lost or left in the hole before or during plugging? _____ If so, give details _____

Was notice given before plugging to all available adjoining lease and landowners? _____
 Name and address of person in charge of plugging: _____

Representatives of owner, operator, company, or contractor who witnessed plugging _____

STATE OF _____)
) SS. _____)
 COUNTY OF _____) (SIGNATURE) _____ (TITLE)

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he is duly authorized to make the above report and that he has knowledge of the facts stated therein and that the report is true and correct.

Subscribed and sworn to me this _____ day of _____, 20 _____.

My Commission expires: _____ NOTARY PUBLIC