# DIVISION OF OIL & GAS

# APPLICATION FOR TEMPORARY ABANDONMENT or PLUGGING DEFERRAL

Form No. A3 Revised on 3/16/2006

## INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas 402 W. Washington St., Rm. 293 Indianapolis, IN 46204

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FOR STATE USE ONLY							
Date approved:							

					Valid thru:					
PART I			GENERAL IN	FORMATION						
Name of Oper	ator:		GENERAL IN	FORMATION	Telephone	number:		Perm	it numb	er:
					. (	)	-			
Address of Op	perator:									
Type of submission (Check only one)										
PART II WELL AND LEASE INFORMATION										
Name of lease	<b>:</b> :		Vell number:	County:	Township:	Range:	Section:	1/4:	1/4:	1/4:
Footogo'o:	ft from \( \sum \) \( \sum \)		ISE line							
Footage's: ft. from N, N, NE, NW, SE line ft. from E, N, NE, SW line										
Well Type (C	heck only one):		-							
□ Oil □	Gas Disposal	☐ Enhanced	Recovery [	Other, specify:	:					
Date well drille	ed:			Depth of surface	ce casing:					
				ft.	-					
Is surface cas	ing cemented to surface	?:	No Unl	known If No.	, number of sa	acks ceme	nt & yield:			
Is well equipped with: Long string cemented to surface?   Yes   No   Unknown If No, number of sacks cement & yield:										
Intermediate or coal protection string cemented to surface?   Yes   No   Unknown If No, number of sacks cement & yield:										
Select all that apply: Well is equipped with  Rods and Tubing  Tubing and Packer  Tubing with no Packer										
☐ Packer set at depth ☐ No Tubing ☐ Bridge plug at depth ☐ Other:										
Is the well equipped with a wellhead, stuffing-box assembly, or other fittings or valves capable of providing long-term containment of any wellbore fluids?   Yes No If No, describe modifications that will be made to ensure that all wellbore fluids will be contained within the well and not released into the environment during the period of Temporary Abandonment:										
Is well currently active?:   Yes   No If No, date well became inactive:										
Is a copy of the FLUID LEVEL TEST REPORT or the results of the most recent MIT for the well attached with this application?										
Yes No NOTE: A completed FLUID LEVEL/PRESSURE TEST REPORT, MIT or other demonstration of well integrity must be submitted before this application can be approved										
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PART III The following	information is required fo		RPOSE OF T arv Abandonm		(Attach addi	tional shee	ts if needed	d)		
Skip to Part IV if requesting Plugging Deferral										
A. Reason for requesting Temporary Abandonment:										
-										

B. Improvements or workovers required (if any):	
C. Time askedule for returning well to production:	
C. Time schedule for returning well to production:	
PART IV AFFIRMATION	
I affirm under penalty of perjury that the information provided in this form is true to the best of	
Signature of operator or authorized agent	Date signed
FOR DIVISION USE ONLY	
Inspection checklist:	
☐ Surface sealed ☐ Pits filled ☐ ID posted ☐ Unrelated equipment removed	☐ Demonstration made
Recommendation:	
☐ Approve as Requested ☐ Deny ☐ Approve with conditions:	
Inspector: Date:	
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## **INSTRUCTIONS**

#### PART I GENERAL INFORMATION

- Enter the name of the operator exactly as it appears on the Organizational Report
- If a previously approved TA request has expired, or will be expiring in the near future, select "Renewal". Otherwise select "New".

# PART II WELL AND LEASE INFORMATION

- Provide all of the information requested to identify the current well condition. This is important to assess the relative risks the well may pose to release production fluids into the environment or to contaminate USDW's.
- A completed WELL FLUID LEVEL/PRESSURE TEST REPORT or the results of the most recent MIT must be attached to this application or submitted before this application is approved.

# **PART III PURPOSE OF REQUEST**

- A Provide a detailed explanation of the reason for requesting TA for this well. Typical reasons include a lack of
  infrastructure development, contractual barriers, time to conduct detailed engineering/geologic evaluations, or
  the need to perform extensive workover or recompletion operations before operations resume.
- B A complete description should be provided of all improvements or workovers that will be required, if any, before returning the well to production. The list should be specific and address any improvements needed to oil/water separation equipment, crude oil storage tanks, flow lines, secondary containment, produced water storage vessels, water injection facilities, access roads, and any completion/workover work that will be required during the period of TA.
- C Provide a timetable for completing the steps identified in B above including dates by which the activities are intended to be completed and the date the well is expected to be returned to active production.

# PART IV AFFIRMATION

• The TA request must be signed by the operator or authorized representative to affirm that all of the information provided in this form is true to the best of their knowledge and belief.

NOTE: SUBMIT COMPLETED APPLICATION TO INSPECTOR