



Form 1003A
Notice of Temporary Exemption from Well Plugging
OAC 165:5-3-1(b)(9); OAC 165:10-1-7(b)(9)

PAYMENT REQUIRED
\$100.00 Per Well

<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED <input type="checkbox"/> RENEWAL			Original Application Date:			
Operator				OCC/OTC Number		
Address				Phone Number		
City		State	Zip Code	Email		
Lease/Well Name/Number			API No.	OTC Lease No.		
Spot Loc'n	1/4	1/4	1/4	1/4	Ft. From South Line Of Quarter Section	Ft. From West Line Of Quarter Section
Sec.	Twp.	Rge.	County	Completion Date	Date Last Produced/Used as Utility Well	
Is well located on a valid or producing lease or unit? <input type="checkbox"/> YES <input type="checkbox"/> NO				Depth to Base of Treatable Water:	Surface Casing Set At:	
Latest Test Data:	Test Date	Oil	BBLs	Water	BBLs	Gas MCFD
PRODUCING FORMATION(S)			PERFORATIONS		SPACING SIZE/ORDER NO.	

REASON FOR EXEMPTION FROM PLUGGING

METHOD OF TEMPORARY PLUGGING FOR THE PROTECTION OF THE TREATABLE WATER SANDS

1. BRIDGING PLUG	2. TUBING WITH WITH PACKER	3. FLUID LEVEL TEST
Brand/Type	Brand/Type	Method
Depth Set	Depth Set	Depth to Fluid
Top of Cement	Top of Cement	Type of Fluid

DATE OF FLUID LEVEL SURVEY _____ WITNESSED BY OCC _____ SIGNATURE _____ FIELD INSPECTOR _____

I hereby certify that I am authorized to submit this application, which was prepared by me or under my supervision and direction. The facts and proposals made herein are true to the best of my knowledge and belief.

SIGNATURE

PRINT OR TYPE NAME AND TITLE

DATE

Refer to Rule 165:10-11-9 for additional information concerning Temporary Exemption from Plugging of Wells.

FOR COMMISSION USE ONLY

APPROVED

This exemption, if approved, shall be valid until _____
If approved, one copy will be returned to the operator stamped "approved".

DISAPPROVED

If disapproved, all materials will be returned to the operator
with a note as to why the request was rejected.

District Manager

District

Date