



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

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	
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 _____ FIELD INSPECTOR _____
Signature

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