

OKIES User Manual
Notification of Intent to Plug – Form 1001

Accessing the Intent to Plug

You can access an intent to plug if you have the permissions below:

Security Permissions

Access to submit an intent to plug is only available to those with the security permissions below.

- Organization Admin – Ability to Create, Read, Update, and Delete
- Organization All Forms Submitter – Ability to Create, Read, Update
- Organization Read Access – Ability to Read (All new users will default to Read Access)

Tip: When updating security, take care to uncheck the Read Access box as it will override any selection made in conjunction with.

The Admin is the only person who can view or edit security permissions. To view Security Permissions:

- Click on My Organization
- Click on Summary
- Click on People
- Click on the hyperlinked name of the person you would like to review
- Click on Summary
- Click on Security
- Check permissions that apply and click Save

Open an Intent to Plug Form:

To access the intent to plug form for submission you can:

1. Select “Forms”
2. Select “Online Forms”

3. Select “Notification of Intention to Plug”

Step 1: Form Information Fields and Functions:

Form Name: Will default to the form you have selected.

Organization: Will default to the Organization you are signed in under.

API: Select the API of the well you are filing for.

Form Information V1

Please enter information for your well below. * Indicates required field

Operator Number *
19113 - STEPHENS & JOHNSON OPERATING CO

API Number *
3500300082

Type of Well	Well Name	Well Number
OIL	IDA FELLERS	1
Well Fee:		
\$100.00		

Step 2: Operator Information

The Operator Information page is used to designate contacts for the filing.

By default, the person who is logged in and submitting the Form will be displayed in the “Contacts” grid. By clicking the “Actions” button and selecting “Add Contact”, additional contacts can be associated with the intent to plug. Review the operator information displayed at the top of the form to ensure the correct organization has been selected.

Plugging and cementer contact information will be required in this section.

Operator Information V1

API	Type of Well	Type of Work	Type of Completion
3500300045	Oil & Gas	Completion	New Well - Vertical

Please confirm the correct Organization has been selected, and designate contact(s) with their contact role. By default, the form submitter is selected as a contact. * Indicates required field

Organization Name ⓘ
STEPHENS & JOHNSON OPERATING CO

Organization Mailing Address ⓘ
811 6th Street, Wichita Falls, TX 76301

Organization Primary Phone Number ⓘ
9407238113

Operator Number
19113

Contacts

Advanced Filtering Actions

Name	Phone Number	Ext	Email	Role	Actions
John Connor			cass.luckett+18@occ.ok.gov	Submitter	

Step 3: Well Information

The Well Information step is used to give wellhead information.

- Verify the wellhead information appears correct.
- If there is a discrepancy leave a remark in the “Comments” section at the bottom of the page. You will see a “Comment successfully added” toast message in the bottom right corner of the screen.
- Enter the production unit number(s) associated with the well. In some scenarios there may be two PUN’s if the completion interval crosses a county boundary, i.e. directional or horizontal wells.
- Enter the estimated plugging start date.
- Enter the base of treatable water value (will automatically round to the nearest ten).

Tip: The “Review BTW” button can be used to derive the value, upon clicking the button a map will zoom to the location per the GPS coordinates entered on the intent to plug. To place a “Pin” on the map, the coordinates will need to be entered again. Once entered, hit enter and click on the “Pin”. Your BTW value will appear.

Well Information
VI

API 3500100002	Well Name PENN MUTUAL LIFE	Well Number 1	Type of Well Simultaneous Injection	Well Fee \$100.00
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Please verify or enter location information on the Well below. * Indicates required field

Wellhead Location

Well Name
PENN MUTUAL LIFE

Well Number
1

Section
01

Township
01N

Range
01E

Meridian
IM

County
Murray

Spot Location

1/4
SW

1/4
SW

1/4
SW

1/4
SW

Latitude (NAD83)
35.123456

Longitude (NAD83)
-97.123456

Production Unit No. 1

Production Unit No. 2

Plugging Start Date *
3/13/2026

Base of Treatable Water *
500

Review BTW

Comments

Add

This section is used to provide information on the proposed plugging procedure which will be required for the form to be eligible for approval.

Pull tubing, Set CIBP at 6550' with 2 SX CX, Fill the hole with mud, Cut 7" casing at 1117' and remove casing, Pump 140 SX CX at 1117', Tag TOC no less than 1017', Pump 20 SX CX FROM 35' to surface, Cut off and cap 4' BGL

Any additional documents that are required, i.e., completion report (Form 1002A), can be uploaded in this section.

Upload Document

✕

* Indicates required field

File Types Accepted: PDF, TIFF, Word, JPG, Excel (with no macros, .xlsx only)

Type *
Completion Report 1002A

Description *
Form 1002A

Filename *
Select files... Drop files here to upload

Save

Cancel

Step 6: Payment

Payment must be made prior to submitting the Form, payment options include Credit Card and ACH (Electronic Check). Upon clicking **Pay by Credit Card**, you will be prompted by a confirmation screen before being redirected. After filling out the customer information screen and submitting payment, you will receive two receipts by email notification, one from our internal payment processing system and one from OKIES.

Payment v1

API
3508324374

Important: This form will not be emailed

Notification of Intention to Plug

Total:

Go To Payment

Pay by Credit Card

Back

Next

You are about to leave our system

To complete your payment, you are being redirected to our trusted payment partner.

Your personal and payment information will be protected according to our Privacy Policy and payment security standards. You will be returned to our site when payment is complete.

Are you sure you wish to proceed?

Cancel

Confirm

Type of Well	Well Fee
NO TYPE	\$100.00
	\$100.00

Customer Information

Complete all required fields [*]

Country *

United States



First Name *

Last Name *

Company Name

Address *

Address 2

City *

State *

Select State



ZIP/Postal Code *

Phone Number

Email 

Next >

Step 7: Form Submit

To submit the form, check the box next to the acknowledgement statement, confirm all sections have been completed (check mark vs “X”) and click the “Submit” button at the bottom of the page. Prior to submittal, a draft copy is available using the “Download Draft PDF” button as well as a preview of your submission.

Form Submit

API
3510921746

Well Name
CAPITAL

Well Number
1-33

Type of Well
GAS

Review your information and click Submit to complete the form.

* Indicates required field

Acknowledgement

Submitter

John Connor

Submitter Title *

Test

☒ I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete. *

Form Submit Preview

Click the button below to preview your submission summary.

Preview Submission Summary

Download Draft PDF