



ABANDONMENT CERTIFICATION REPORT

State Form 54873 (R / 12-17) / Form No. R13

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Telephone number: (317) 232-4055
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Internet: <http://www.in.gov/dnr/dnroil>

PART I

GENERAL INFORMATION

Name of operator		Telephone number - -	Permit Number
Address of operator (<i>number and street</i>)			E-mail address
City		State	ZIP code

PART II

WELL INFORMATION

Name of Lease				Well Number	Well Type	Date Plugged (<i>month, day, year</i>)
Township	Range	Section	Quarters	Footage's	Footage's	County

PART III

ABANDONMENT CERTIFICATION

Site Release Checklist

- Excavations filled Equipment / Debris removed Top 3' of casing removed Site Leveled

Landowners Assumption of Responsibility

- Excavations Equipment Converted to water well
 Other (*specify*) _____

Signature of Landowner

Note: For any box left unchecked under the Site Release Checklist, the corresponding box under Landowner Assumption of Responsibility must be checked and the landowner must sign above.

Printed name of Oil and Gas Inspector	Date released (<i>month, day, year</i>)
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Signature of Oil and Gas Inspector

I, the above signed, certify that this well has been abandoned in accordance with the provisions of IC 14-37-8 and 312 IAC 29-33-24.