

Submit In Quadruplicate To:
MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST. JOHNS AVENUE
BILLINGS, MONTANA 59102

SUNDRY NOTICES AND REPORT OF WELLS

Operator Address City State Zip Code Telephone Fax	Lease Name: Type (Private/State/Federal/Tribal/Allotted): Well Number: Unit Agreement Name: Field Name or Wildcat: Township, Range, and Section: County:
Location of well (1/4-1/4 section and footage measurements):	
API Number: 25 State County Well	Well Type (oil, gas, injection, other):

Indicate below with an X the nature of this notice, report, or other data:

Notice of Intention to Change Plans <input type="checkbox"/> Notice of Intention to Run Mechanical Integrity Test <input type="checkbox"/> Notice of Intention to Stimulate or to Chemically Treat <input type="checkbox"/> Notice of Intention to Perforate or to Cement <input type="checkbox"/> Notice of Intention to Abandon Well <input type="checkbox"/> Notice of Intention to Pull or Alter Casing <input type="checkbox"/> Notice of Intention to Change Well Status <input type="checkbox"/> Supplemental Well History <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> _____ <input type="checkbox"/>	Subsequent Report of Mechanical Integrity Test <input type="checkbox"/> Subsequent Report of Stimulation or Treatment <input type="checkbox"/> Subsequent Report of Perforation or Cementing <input type="checkbox"/> Subsequent Report of Well Abandonment <input type="checkbox"/> Subsequent Report of Pulled or Altered Casing <input type="checkbox"/> Subsequent Report of Drilling Waste Disposal <input type="checkbox"/> Subsequent Report of Production Waste Disposal <input type="checkbox"/> Subsequent Report of Change in Well Status <input type="checkbox"/> Subsequent Report of Gas Analysis (ARM 36.22.1222) <input type="checkbox"/> _____ <input type="checkbox"/>
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Describe Proposed or Completed Operations:

Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.

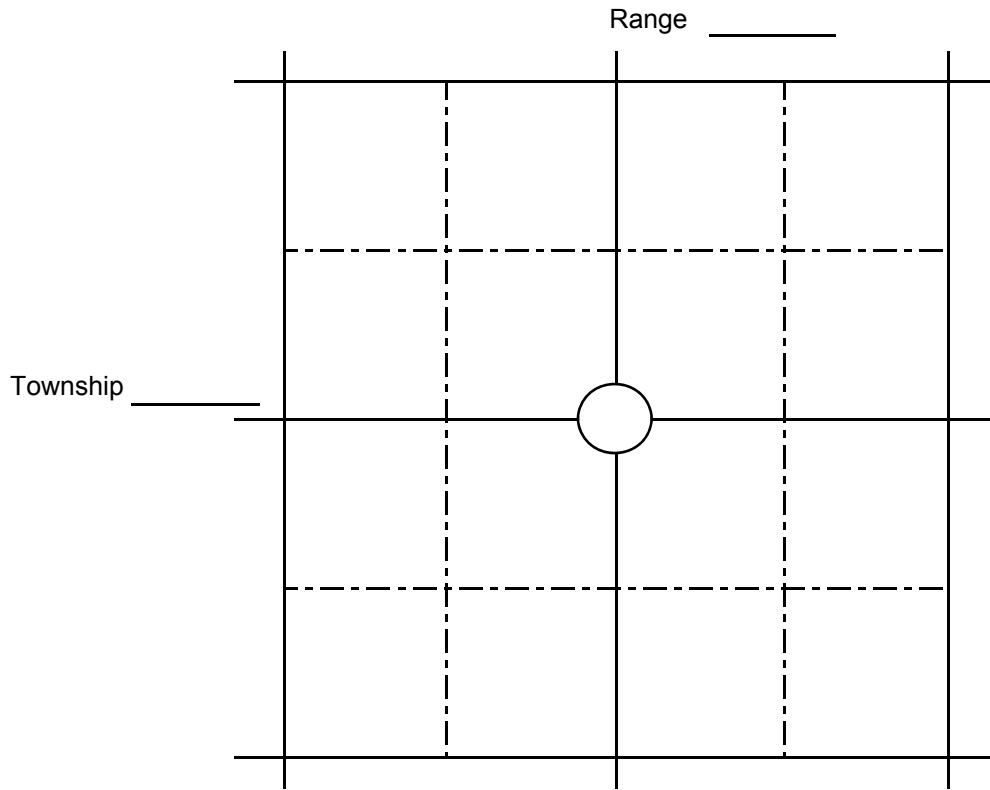
BOARD USE ONLY	
Approved _____ Date	
Name	Title

The undersigned hereby certifies that the information contained on this application is true and correct:	
Date	Signed (Agent)
Print Name and Title	
Telephone: _____	

SUPPLEMENTAL INFORMATION

NOTE: Additional information or attachments may be required by Rule or by special request.

Plot the location of the well or site that is the subject of this notice or report.



BOARD USE ONLY

CONDITIONS OF APPROVAL

The operator must comply with the following condition(s) of approval:

Failure to comply with the conditions of approval may void this permit.