Notification of Intention to Plug  
OAC 165:5-3-1(b)(1)(R); OAC 165:10-1-7(b)(4)  
PAYMENT REQUIRED

**INSTRUCTIONS**
1. Required Payment: $100.00  
2. Must have Form 1002A attached.

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<tbody>
<tr>
<td>1.</td>
<td>DATE FORM PREPARED</td>
<td>2.</td>
<td>DATE PLUGGING TO BEGIN</td>
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<tr>
<td>3.</td>
<td>LATITUDE</td>
<td>4.</td>
<td>LONGITUDE</td>
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**WELL LOCATION**
5. WELL NAME/NO.  
6. API NO.  
7. OTC PRODUCTION UNIT NO.  
8. BASE OF TREATABLE WATER  
9. SEC.  1/4  TWP.  1/4  RGE.  1/4  COUNTY  1/4

**OPERATOR**
10. NAME  
11. OTC/OCC OPERATOR NO.  
12. ADDRESS  
13. PHONE NUMBER  
14. E-MAIL ADDRESS  
15. NAME  
16. PHONE NUMBER  
17. ADDRESS  
18. NAME OF FIRM PLUGGING WELL  
19. PERMIT NO.  
20. PHONE NUMBER  
21. E-MAIL ADDRESS/FAX

**LIST OF CASING STRING AND SETTING DEPTHS**

<table>
<thead>
<tr>
<th>TYPE CASING</th>
<th>SIZE</th>
<th>SETTING DEPTH</th>
<th>CEMENT TOP</th>
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</table>

**CORRESPONDENCE REGARDING THIS WELL SHOULD BE MAILED TO:**
15. NAME  
16. PHONE NUMBER  
17. ADDRESS  
18. NAME OF FIRM PLUGGING WELL  
19. PERMIT NO.  
20. PHONE NUMBER  
21. E-MAIL ADDRESS/FAX

I, undersigned, certify that the above information is true, correct, and completed to the best of my knowledge and belief.

Print Name and Title of Operator’s Agent  
Signature of Operator’s Agent