

**STATE OF IDAHO DEPARTMENT OF WATER RESOURCES
NOTICE OF INTENT TO ABANDON A WELL**

I, _____, do hereby give notice of intent to abandon well number _____ located in ¼, _____ ¼, _____ Section _____, Township _____, Range _____, B.M

_____ County _____ on _____ (Month) _____ (Day) _____ (Year)

1. Type of well Exploration Production Injection Other _____

2. Present condition of the well _____

a. Depth of well _____

b. Casing program, including plugs, liners, etc. _____

c. Last produced _____

(Month)

(Day)

(Year)

3. Dry hole data: _____

a. Types and results of tests run _____

b. Stratigraphic markers and depths _____

c. Bottom hole temperature _____

d. Formation at bottom _____

e. Base of fresh water (depth) _____

4. Proposed method of abandonment:

a. Idaho Department of Water Resources regulations _____

b. Other _____

Operator _____ Address _____

Date _____ Telephone _____

(Month)

(Day)

(Year)

ACTION OF THE DIRECTOR DEPARTMENT OF WATER RESOURCES

This application has been reviewed in accordance with Title 42, Chapter 40, Idaho Code and is hereby

_____ subject to the following limitations and conditions:

Date

Director