



NOTICE OF INTENTION

Notice Type:

New Drill Deepen Sidetrack Rework Abandon Re-Abandon Refile

NOI Date: _____ Organization Number: _____

Organization Name: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Is this a Supplementary Notice to a previously approved permit? Yes No

If yes, provide the Permit No: _____

Description: _____

Well API: _____ Bond Number (required): _____

Leave blank for New Drill – assigned by DOGGR

_____ Well Name

_____ Well Number



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Well Information

This section is not required for an Abandon or Re-abandon

Well Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Air Injection | <input type="checkbox"/> Gas Disposal – Injection | <input type="checkbox"/> Gas Storage – Production & Inject. |
| <input type="checkbox"/> Geothermal | <input type="checkbox"/> Water Disposal – Injection | <input type="checkbox"/> Liquefied Gas – Production & Inject. |
| <input type="checkbox"/> Observation | <input type="checkbox"/> Cyclic Steam – Injection | <input type="checkbox"/> Pressure Maintenance – Injection |
| <input type="checkbox"/> Dry Gas – Production | <input type="checkbox"/> Steamflood – Injection | <input type="checkbox"/> Water Source - Production |
| <input type="checkbox"/> Oil & Gas – Production | | |

Oil & Gas Lease(s) associated with this Notice: _____

Do the mineral and surface leases coincide? Yes No
 If no, attach a legal description of both surface and mineral leases, and a map or plat to scale.

Mineral Owner: Fee Federal State Tribal
 Surface Owner: Fee Federal State Tribal

Do any of the following conditions apply to this well? This is an exploratory well
 (Check all that apply) This is a dry hole

Are you including a Confidentiality Request Letter with this Notice? Yes No
If yes, please attach.

Is this notice submitted in conjunction with a request for Well Stimulation project authorization?
If yes, please attach. Yes No

Is H2S (Hydrogen Sulfide) or waste gas anticipated? Yes No
If yes, please attach contingency plan. Concentration (ppm): _____

If this well is part of a UIC Project, or UIC Project Application, please indicate the Project Code:

Well Information Continued



Well Information Continued

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Depth measurements taken from top of: _____ Which is _____ feet above ground.
 Elevation of ground above Mean Sea Level: Proposed: _____

Please submit proposed Directional Drilling Survey Electronic Data, and indicate the direction of your well: Horizontally Drilled Directionally Drilled Vertically Drilled

Yes No Will the well be drilled with underbalanced fluids program?

Yes No Is Fresh Water present?

Yes No Is USDW present?

Yes No Will this proposal result in the well passing into, or through, a thermal enhanced oil recovery project? If yes, what steps are you proposing to address the anticipated heat?

<i>Zones of Significance:</i>	Proposed Measured Depth (ft.)	Proposed Vertical Depth (ft.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proposed Completion Zones:

Zone Name	Measured Depth	Pressure (PSI)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any known significant geologic markers below, and estimated depths:

Blowout Prevention Equipment

Please check any of the following Blowout Prevention Equipment that are present (check all that apply)

Annular Preventer. Pressure rating (in PSI:) _____

Ram Types:

Pipe Pressure rating (in PSI:) _____ How many? _____

Blind Pressure rating (in PSI:) _____ How many? _____

Shear Pressure rating (in PSI:) _____ How many? _____

Rotating Head. Pressure rating (in PSI:) _____

Drilling Program Information

Check all that apply

Salt Formations are anticipated. Formation names: _____

Salt Based drilling fluids will be used

Oil Based drilling fluids will be used

Mud System: _____ Mud Disposal Method: _____ Cuttings Disposal: _____



Location Information

This section is not required for an Abandon or Re-abandon

Surface Location:

Surface location information is only required for a New Drill.

 Section Township Range B&M Field Latitude Longitude
 (Datum NAD 83)

Corner Call: _____ County: _____

Location Description

- Yes No Is this an offshore well?
- Yes No This this well in an urban area?
- Yes No Is this a critical well as defined in California CCR, title 14, to Section 1720(a)?
- Yes No Is this well in an environmentally sensitive area as defined in California CCR, title 14, to Section 1760(e)

If this is a critical well or in an environmentally sensitive area, check all that apply, and enter the distance in feet:

- Occupied Building _____ Operating Railroad _____ Water Well _____
- Road _____ Power Line _____ Surface Water _____
- Airport Runway _____ Recreational Area _____ Wildlife Preserve _____

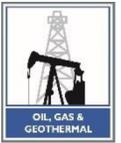
Bottom Hole Location:

 Section Township Range B&M Field Latitude Longitude
 (Datum NAD 83)

Corner Call: _____ County: _____



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Casing & Cement

If a description is available for Feature and Cement Segment, please attach additional information.

Feature Record: Feature Type can be one of the following: Surface Casing, Intermediate Casing, Casing Liner, Production Casing, Hole Size, Plug, Junk, Casing Damage, Repair-Patch, Repair-Squeeze

Feature Type	Diameters		Weight	Grade/Type	New Install		Remove		Pressure	Connection Type
	Top	Bottom			Outside	Inside	Pipe?	Date		
F1										
F2										
F3										
F4										
F5										

Cement Interval

Associated

Feature Inside/Out Volume Yield Cement Verify Install Remove Cement Job Compressive
(ex: F1) Casing? Top Bottom (Sacks) (cubic ft) Co. Method Date Date ID Type Strength Description

C1													
C2													
C3													
C4													
C5													

Cement Class

Associated

Cement Cement Volume Yield
(ex: C1) Type Sacks (cubic ft) Weight Gel Viscosity Lead Tail Description



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Completion & Perforation

Completion Interval

Type	Status	Top	Bottom	Field	Area	Pool Code	Formation

Completion Perforation

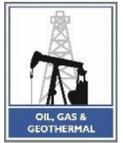
Type	Method	Diameter	Top	Bottom	Spacing	Number Perforated of Shots	Date	Status

Proposed Work

The proposed work is as follows. **A complete program is preferred and may be attached.**



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CEQA Information

Yes No Is a permit for this activity required by a local agency? If yes, attach a copy of the approved local permit.

Yes No Is a CEQA document required by a local agency? If yes, attach a copy of your CEQA document.

If a CEQA document is required, complete the information below:

Notice of Exemption Notice of Determination

Exemption Class: _____ State Clearinghouse Number: _____

Lead Agency: _____ Lead Agency Contact: _____

Lead Agency Address: _____ City: _____

_____ State: _____ Zip: _____

Abandonment Information

This section is ONLY required for an Abandon or Re-abandon

Yes No Are you abandoning the last well on the lease? If yes, attach a Lease Restoration Plan.