



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

**NOTICE OF INTENTION***Well Information Continued**This section is not required for an Abandon or Re-abandon*

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?*Zones of Significance:*

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: _____

**NOTICE OF INTENTION***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 Is 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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Occupied Building _____ | <input type="checkbox"/> Operating Railroad _____ | <input type="checkbox"/> Water Well _____ |
| <input type="checkbox"/> Road _____ | <input type="checkbox"/> Power Line _____ | <input type="checkbox"/> Surface Water _____ |
| <input type="checkbox"/> Airport Runway _____ | <input type="checkbox"/> Recreational Area _____ | <input type="checkbox"/> 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	Pipe?	New Install Date	Remove Date	Pulled	Pressure	Connection Type
	Top	Bottom								
F1										
F2										
F3										
F4										
F5										

Cement Interval

Associated

Feature Inside/Out

(ex: F1)	Casing?	Volume		Yield (cubic ft)	Cement Co.	Verify Method	Install Date	Remove Date	Cement ID	Job Type	Compressive Strength	Description
		Top	Bottom									
C1												
C2												
C3												
C4												
C5												

Cement Class

Associated

Cement (ex: C1)	Cement Type	Volume Sacks	Yield (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.