

**Florida  
Department of  
Environmental Protection**

Form Title: **NOTICE OF PLUGGING COMPLETION  
AND SITE RESTORATION**

Date Revised: March, 1998

Incorporated by Reference in: Section 62C-29, F.A.C.

Within 30 days of plugging the well, file this form with Florida Department of Environmental Protection, Oil and Gas Program, 2600 Blair Stone Road, MS 3588, Tallahassee, Florida 32399-2400 (phone 850/245-8336). Email: OGP@dep.state.fl.us

Permit Number: \_\_\_\_\_ Operator: \_\_\_\_\_

API Number: \_\_\_\_\_ Well Name and Number: \_\_\_\_\_

Location \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Plugging Contractor/Rig Number: \_\_\_\_\_ Cementing Contractor: \_\_\_\_\_

Elevation: Ground \_\_\_\_\_ KB \_\_\_\_\_ DF \_\_\_\_\_ DF Ht. \_\_\_\_\_ Spud Date: \_\_\_\_\_

TD \_\_\_\_\_ Date plugging was: Commenced \_\_\_\_\_ Completed \_\_\_\_\_

DESCRIBE PLUGGING AND SITE RESTORATION PROCEDURE:

Person in charge of Plugging: Name \_\_\_\_\_

Company Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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OPERATOR'S STATEMENT

State: \_\_\_\_\_

County: \_\_\_\_\_

I, \_\_\_\_\_, am the \_\_\_\_\_

(Name) (Title)

of \_\_\_\_\_ and attest to all information contained herein to be true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_