

**Submit In Quadruplicate To:**  
**MONTANA BOARD OF OIL AND GAS CONSERVATION**  
**2535 ST. JOHNS AVENUE**  
**BILLINGS, MONTANA 59102**

**SUNDRY NOTICES AND REPORT OF WELLS**

Operator Address City                                  State                                  Zip Code Telephone    Fax	Lease Name: Type (Private/State/Federal/Tribal/Allotted): Well Number: Unit Agreement Name: Field Name or Wildcat: Township, Range, and Section: County:
Location of well (1/4-1/4 section and footage measurements):	
API Number: 25                                         State    County                  Well	Well Type (oil, gas, injection, other):

Indicate below with an X the nature of this notice, report, or other data:

Notice of Intention to Change Plans <input type="checkbox"/> Notice of Intention to Run Mechanical Integrity Test <input type="checkbox"/> Notice of Intention to Stimulate or to Chemically Treat <input type="checkbox"/> Notice of Intention to Perforate or to Cement <input type="checkbox"/> Notice of Intention to Abandon Well <input type="checkbox"/> Notice of Intention to Pull or Alter Casing <input type="checkbox"/> Notice of Intention to Change Well Status <input type="checkbox"/> Supplemental Well History <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> _____ <input type="checkbox"/>	Subsequent Report of Mechanical Integrity Test <input type="checkbox"/> Subsequent Report of Stimulation or Treatment <input type="checkbox"/> Subsequent Report of Perforation or Cementing <input type="checkbox"/> Subsequent Report of Well Abandonment <input type="checkbox"/> Subsequent Report of Pulled or Altered Casing <input type="checkbox"/> Subsequent Report of Drilling Waste Disposal <input type="checkbox"/> Subsequent Report of Production Waste Disposal <input type="checkbox"/> Subsequent Report of Change in Well Status <input type="checkbox"/> Subsequent Report of Gas Analysis (ARM 36.22.1222) <input type="checkbox"/> _____ <input type="checkbox"/>
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**Describe Proposed or Completed Operations:**

Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.

<b>BOARD USE ONLY</b>	
Approved _____ Date	
Name	Title

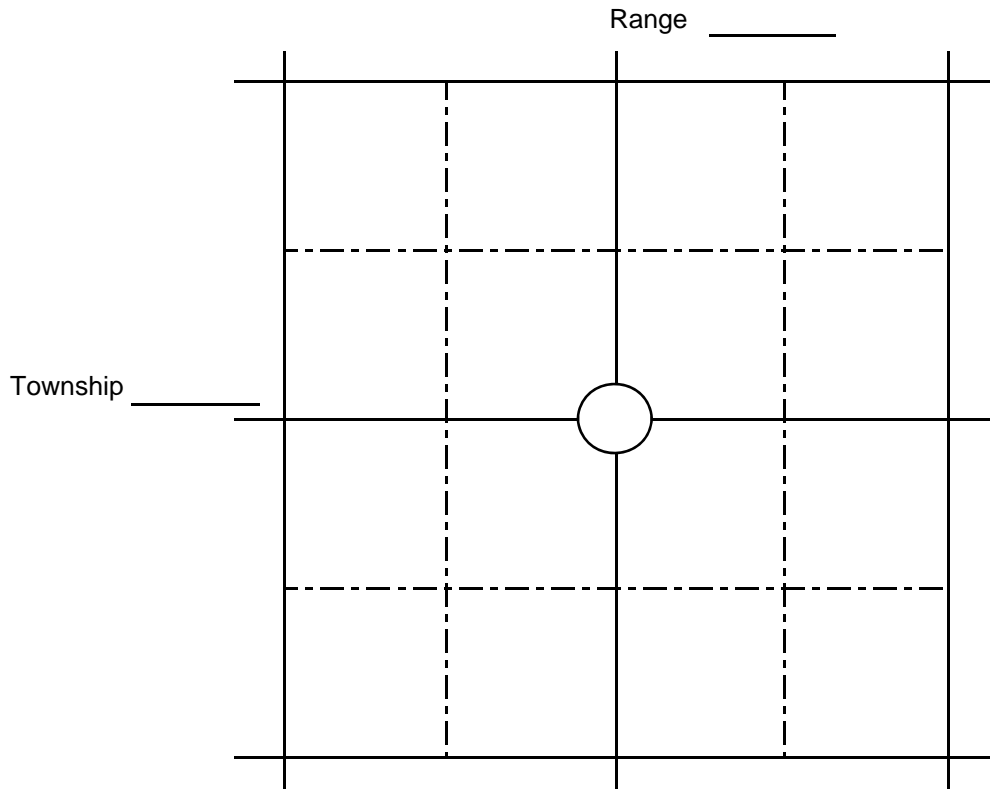
The undersigned hereby certifies that the information contained on this application is true and correct:

Date	Signed (Agent)
Print Name and Title	
Telephone: _____	

### SUPPLEMENTAL INFORMATION

NOTE: Additional information or attachments may be required by Rule or by special request.

Plot the location of the well or site that is the subject of this notice or report.



**BOARD USE ONLY**

**CONDITIONS OF APPROVAL**

The operator must comply with the following condition(s) of approval:

Failure to comply with the conditions of approval may void this permit.