



**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



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*

*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?

\_\_\_\_\_  
 \_\_\_\_\_

<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: \_\_\_\_\_



State of California Natural Resources Agency  
DEPARTMENT OF CONSERVATION  
**NOTICE OF INTENTION**



**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			Pipe?	Date	Date	Pulled		
F1										
F2										
F3										
F4										
F5										

**Cement Interval**

Associated

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




State of California Natural Resources Agency  
 DEPARTMENT OF CONSERVATION  
**NOTICE OF INTENTION**



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.**

---



---



---



---



---



---



---



---



---



---



State of California Natural Resources Agency  
 DEPARTMENT OF CONSERVATION  
**NOTICE OF INTENTION**



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.