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

**Well Type:**

- [ ] Air Injection
- [ ] Geothermal
- [ ] Observation
- [ ] Dry Gas – Production
- [ ] Oil & Gas – Production
- [ ] Gas Disposal – Injection
- [ ] Water Disposal – Injection
- [ ] Cyclic Steam – Injection
- [ ] Steamflood – Injection
- [ ] Gas Storage – Production & Inject.
- [ ] Liquefied Gas – Production & Inject.
- [ ] Pressure Maintenance – Injection
- [ ] Water Source - Production
- [ ] Gas Storage - Production & Inject.

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

- _______________________________________________________________________

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

- [ ] Yes  [ ] No

**Mineral Owner:**  
- [ ] Fee  [ ] Federal  [ ] State  [ ] Tribal

**Surface Owner:**  
- [ ] Fee  [ ] Federal  [ ] State  [ ] Tribal

Do any of the following conditions apply to this well?  
(Check all that apply)

- [ ] This is an exploratory well
- [ ] This is a dry hole

Are you including a Confidentiality Request Letter with this Notice?  
If yes, please attach.

- [ ] Yes  [ ] No

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?  
If yes, please attach contingency plan.  Concentration (ppm):  

- [ ] Yes  [ ] No

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?

<table>
<thead>
<tr>
<th>Zones of Significance</th>
<th>Proposed Measured Depth (ft.)</th>
<th>Proposed Vertical Depth (ft.)</th>
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<tbody>
<tr>
<td>Zone Name</td>
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<tr>
<th>Proposed Completion Zones:</th>
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<tbody>
<tr>
<td>Zone Name</td>
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<tr>
<td>Zone Name</td>
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<tr>
<td>Zone Name</td>
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</table>

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.*

<table>
<thead>
<tr>
<th>Section</th>
<th>Township</th>
<th>Range</th>
<th>B&amp;M</th>
<th>Field</th>
<th>Latitude</th>
<th>Longitude</th>
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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:

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<th>Section</th>
<th>Township</th>
<th>Range</th>
<th>B&amp;M</th>
<th>Field</th>
<th>Latitude</th>
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Corner Call: ______________________________ County: ______________________________
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

<table>
<thead>
<tr>
<th>Feature Type</th>
<th>Top</th>
<th>Bottom</th>
<th>Outside</th>
<th>Inside</th>
<th>Weight</th>
<th>Grade/Type</th>
<th>New Install</th>
<th>Remove</th>
<th>Date Pulled</th>
<th>Pressure Type</th>
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<tbody>
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**Cement Interval**

<table>
<thead>
<tr>
<th>Associated Feature Inside/Out (ex: F1) Casing?</th>
<th>Top</th>
<th>Bottom</th>
<th>Volume Yield</th>
<th>Cement Verify</th>
<th>Install Date</th>
<th>Remove Date</th>
<th>Cement Job ID</th>
<th>Compressive Strength</th>
<th>Description</th>
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**Cement Class**

<table>
<thead>
<tr>
<th>Associated Cement Type</th>
<th>Volume Sacks</th>
<th>Yield (cubic ft)</th>
<th>Weight</th>
<th>Gel Viscosity</th>
<th>Lead Tail</th>
<th>Description</th>
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Completion & Perforation

### Completion Interval

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<th>Type</th>
<th>Status</th>
<th>Top</th>
<th>Bottom</th>
<th>Field</th>
<th>Area</th>
<th>Pool Code</th>
<th>Formation</th>
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### Completion Perforation

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<th>Type</th>
<th>Method</th>
<th>Diameter</th>
<th>Top</th>
<th>Bottom</th>
<th>Spacing</th>
<th>Number of Shots</th>
<th>Perforated Date</th>
<th>Status</th>
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Proposed Work

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OG 106 (Rev 04/2018) Previously OG 105,107,108 (Page 6 of 7)
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.