



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY  
GEOLOGIC RESOURCES MANAGEMENT DIVISION

**Record of Well Plugging or Change of Well Status**

By authority of Part 615 or Part 625 of Act 451 PA 1994, as amended.

Non-submission and/or falsification of this information may result in fines and/or imprisonment.

**Well Information**

Well Name and Number: \_\_\_\_\_  
Permit Number: \_\_\_\_\_ API Number: \_\_\_\_\_  
Type of Well: \_\_\_\_\_  Part 615 Oil or Gas Well  Part 625 Mineral Well  
County: \_\_\_\_\_ Township: \_\_\_\_\_  
Section: \_\_\_\_\_ T: \_\_\_\_\_ R: \_\_\_\_\_ Quarter(Q): \_\_\_\_\_ QQ: \_\_\_\_\_ QQQ: \_\_\_\_\_  
Permittee: \_\_\_\_\_ Service Company: \_\_\_\_\_  
ACOWS Approved By (Name): \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Work Started Date: \_\_\_\_\_ Completed Date: \_\_\_\_\_

**Well Plugging** (Hole conditions after plugging)

**Casing**

Casing Size	Where Set	Amount of Casing Pulled	Depth Casing Cut/Perfed

**Plugs**

Bottom Depth	Top Depth	Bridge or Plug Make/Type	Cement Plugs Type/Amount	Additives Type/Percent	Spacer/Flush Volume/Type	Wait Time	Top Tag

- NORM or other materials were left or reinserted into wellbore. Describe in Daily Chronology.
- Equipment radiation survey completed. No TENORM was found >20 microR/hour on equipment.
- Cores were taken. Attach core descriptions.

**Change of Well Status**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Convert current zone: | <input type="checkbox"/> Remediate well: | <input type="checkbox"/> Plugback (recomplete): | <input type="checkbox"/> Redrill:              |
| <input type="checkbox"/> Production            | <input type="checkbox"/> Perf and test   | <input type="checkbox"/> New production zone    | <input type="checkbox"/> Horizontal drain hole |
| <input type="checkbox"/> Disposal              | <input type="checkbox"/> Repair casing   | <input type="checkbox"/> Disposal               | <input type="checkbox"/> Collapsed casing      |
| <input type="checkbox"/> Secondary recovery    | <input type="checkbox"/> Repair cement   | <input type="checkbox"/> Secondary recovery     | <input type="checkbox"/> Underream open hole   |
| <input type="checkbox"/> Storage               | <input type="checkbox"/> _____           | <input type="checkbox"/> Storage                | <input type="checkbox"/> _____                 |
| <input type="checkbox"/> _____                 |  | <input type="checkbox"/> _____                  |  |
- Other: \_\_\_\_\_

**Before Change** (Detail packer information for Class II wells)

Casing Size	Casing Depth	Cement Sacks	Cement Type	Perf From	Perf To	Perforation How Plugged	Acid or Fracture Treatment Record

Packer Type/Model: \_\_\_\_\_ Packer Depth: \_\_\_\_\_  
 Total Depth: \_\_\_\_\_ Completed Fm: \_\_\_\_\_ Well Completed for: \_\_\_\_\_  
 BOPD: \_\_\_\_\_ MCFGPD: \_\_\_\_\_ Inject Rate: \_\_\_\_\_ Pressure: \_\_\_\_\_

**After Change** (Indicate additions and changes only)

Casing Size	Casing Depth	Cement Sacks	Cement Type	Perf From	Perf To	Perforation How Plugged	Acid or Fracture Treatment Record

Packer Type/Model: \_\_\_\_\_ Packer Depth: \_\_\_\_\_  
 Total Depth: \_\_\_\_\_ Completed Fm: \_\_\_\_\_ Well Completed for: \_\_\_\_\_  
 BOPD: \_\_\_\_\_ MCFGPD: \_\_\_\_\_ Inject Rate: \_\_\_\_\_ Pressure: \_\_\_\_\_

**Daily Production Test Record**

Date	Oil (bbls)	Water (bbls)	Gas (Mcf)	Tubing Pressure	Casing Pressure

**Daily Injection Test Record**

Injection Well     Brine Disposal

Date	Bbls Water or Mcf Gas	Start Pressure	End Pressure	Specific Gravity of Water

**Daily Chronology** (attach additional pages if necessary)

Describe in detail the daily chronology of change or plugging, including days shut down. Describe exceptions to issued plugging instructions. Describe tools, tubing, etc., left in hole and any logs run. Include dates pits filled, surface restored, etc.

**Authorized Representative Certification**

I state that I am authorized by the permittee of record. This record was prepared under my supervision and direction. The facts stated herein are true, accurate, and complete to the best of my knowledge.

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

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice**

Per Part 615 Supervisor of Wells or Part 625 Mineral Wells, Act 451 PA 1994, as amended, a well owner has continuing liability for integrity of a plugged well.

## Instructions

All records must include a narrative or daily chronology and signed certification.

Any change of well status which results in a change of production or a change in injectivity must include production or injection test records.

Bonds cannot be terminated until plugging is completed; cellar, rat, and mouse holes, and pits filled; site leveled and cleaned; and records filed.

High volume hydraulic fracturing must include HVHF Operations Water Withdrawal and Usage Report (EQP7200-25).

Submit completed form to the GRMD Area Geologist and appropriate District Office email.

Bay City: [EGLE-GRMD-Records-Bay-City@Michigan.gov](mailto:EGLE-GRMD-Records-Bay-City@Michigan.gov)  
Cadillac: [EGLE-GRMD-Records-Cadillac@Michigan.gov](mailto:EGLE-GRMD-Records-Cadillac@Michigan.gov)  
Gaylord: [EGLE-GRMD-Records-Gaylord@Michigan.gov](mailto:EGLE-GRMD-Records-Gaylord@Michigan.gov)  
Kalamazoo: [EGLE-GRMD-Records-Kalamazoo@Michigan.gov](mailto:EGLE-GRMD-Records-Kalamazoo@Michigan.gov)  
Lansing: [EGLE-GRMD-Records-Lansing@Michigan.gov](mailto:EGLE-GRMD-Records-Lansing@Michigan.gov)  
Warren: [EGLE-GRMD-Records-Warren@Michigan.gov](mailto:EGLE-GRMD-Records-Warren@Michigan.gov)  
UP: [EGLE-GRMD-Records-UP@Michigan.gov](mailto:EGLE-GRMD-Records-UP@Michigan.gov)

Submit within 60 days after completion of plugging/change of well status for a Part 615 oil/gas well, or within 30 days for a Part 625 mineral well.

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