



Application for Grant to Plug Orphaned Well

Commission-approved Operator Information

Company Name: _____ Operator P-5 Number: _____
(exactly as shown on P-5 Organization Report)

Contact: _____

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email: _____

Surface Owner Information

Surface Owner Name: _____

Address: _____
Street Address

City State ZIP Code

Phone: _____ Email: _____

Orphan Well Information

County: _____ RRC District No.: _____ Lease Name: _____

Field Name: _____ Field No.: _____

Oil or Gas Lease No.: _____ Well No.: _____ API No. _____

Total Depth of Well: _____ :

Casing Record

Type	Hole Size	Size	Depth	Cement (sacks)	Top of Cement	Anticipated Casing Recovery

Plugging Proposal

Type	Set at or from	Set to	No. of Sacks	Type	Set at or from	Set to	No. of Sacks

Operator Request

Anticipated Plugging Date: _____ Anticipated Plugging Cost (\$): _____

Signature of Operator's
Representative: _____

Name of Operator's
Representative: _____

Native State Environment, Inc. Action Taken

Requested Grant (dollar
amount): _____

Approved on behalf
of Native State by: _____

Name: _____

Title: _____

Denied on behalf of Native
State by: _____

Name: _____

Title: _____

Checklist for Grant Distribution

Form P-4	Yes <input type="checkbox"/>	Form W-3A:	Yes <input type="checkbox"/>
Form OW-2:	Yes <input type="checkbox"/>	Form W-3:	Yes <input type="checkbox"/>
Form OW-3:	Yes <input type="checkbox"/>		

Native State Environmental, Inc. Funds Granted

Total Grant (dollar amount): _____ Date of Final Plugging Report: _____

Cost per Foot Plugged: _____ Date Funds Granted: _____