



SHUT-IN GAS WELL NOTIFICATION

School and Institutional Trust Lands Administration
675 East 500 South, Suite 500
Salt Lake City, UT 84102-2818

OPERATOR: _____

LEASE NO.: ML _____

WELL NAME: _____

API NUMBER: 43- _____

WELL LOCATION: QTR/QTR _____ SEC _____ TWN _____ RANGE _____ SLM USM

WELL PARTICIPATING IN COMMUNITIZATION/POOLING AGMT: YES NO

WELL PARTICIPATING IN UNIT AGREEMENT: YES NO

IF YES, UNIT NAME: _____

SHUT IN REASON:

DATE WELL TO BE SHUT IN: _____

DATE WELL WILL BE RETURNED TO PRODUCTION: _____

IS WELL CAPABLE OF PRODUCING IN PAYING QUANTITIES* YES NO

*verification of paying quantities to be provided upon request from SITLA

CERTIFICATON: I hereby certify that the information submitted with this notification for administrative approval is accurate and complete to the best of my knowledge.

Print Name

Authorized Signature

Title

Date

APPROVED BY SITLA

Signature

Title

Date