



# CORRECTIVE ACTION PLAN

Form No. G3  
Revised on 12/7/98

## INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas  
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Indianapolis, IN 46204  
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### FOR STATE USE ONLY

Application number

Permit number

#### PART I GENERAL INFORMATION

Name of operator	Telephone number
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Address of operator (  Check here if this is a new address )

City	State	Zip code
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#### PART II CORRECTIVE ACTION OPTIONS

Options (Check all that apply)

<input type="checkbox"/> Injection rate restriction (Complete PARTS I,III, and VII)	<input type="checkbox"/> Plugging and abandonment (Complete PARTS I,V, and VII)
<input type="checkbox"/> Temporary abandonment (Complete PARTS I,IV, and VII)	<input type="checkbox"/> Remedial action (Complete PARTS I,VI, and VII)

#### PART III INJECTION RATE RESTRICTION OPTION

I hereby agree to accept an injection rate restriction on the operation of the Class II well for which this plan was filed

List the following injection formation factors:

Formation pressure	psi	Percent porosity	Permeability	millidarcies
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**NOTE: IF THIS OPTION IS CHOSEN NO OTHER OPTIONS ARE REQUIRED**

#### PART IV TEMPORARY ABANDONMENT OPTION

List the permit numbers of the wells you propose to temporarily abandon

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**NOTE: IF THIS OPTION IS CHOSEN YOU MUST ATTACH AN APPLICATION FOR TEMPORARY ABANDONMENT FOR EACH PERMIT YOU HAVE LISTED ABOVE**

#### PART V PLUGGING AND ABANDONMENT OPTION

List the permit numbers of the wells you propose to plug and abandon

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**NOTE: IF THIS OPTION IS CHOSEN YOU MUST PROVIDE PROOF OF PLUGGING PRIOR TO RECEIVING AN AUTHORIZATION TO INJECT INTO THE WELL FOR WHICH THIS PLAN WAS SUBMITTED**

#### PART VI REMEDIAL ACTION OPTION

List the wells on which you will perform remedial action

PERMIT	RE-PLUG			CEMENT SQUEEZE			REPLACE PACKER	REPLACE TUBING	RE-CASE WELL
	From	ft. to	ft.	From	ft. to	ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	From	ft. to	ft.	From	ft. to	ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	From	ft. to	ft.	From	ft. to	ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	From	ft. to	ft.	From	ft. to	ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	From	ft. to	ft.	From	ft. to	ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	From	ft. to	ft.	From	ft. to	ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: IF THIS OPTION IS CHOSEN YOU MUST PROVIDE PROOF OF REMEDIAL ACTION ON ALL WELLS LISTED ABOVE PRIOR TO RECEIVING AN AUTHORIZATION TO INJECT INTO THE WELL FOR WHICH THIS PLAN WAS SUBMITTED**

#### PART VII AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true to the best of my knowledge and belief.

Signature of operator or authorized agent	Date signed
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#### SPECIAL REQUIREMENTS

1. This plan **must** be submitted with a Class II application or Application to Modify a Class II well if there are any wells in the Area of Review that are inadequately plugged or constructed
2. Only those individuals whose signatures appear in PARTS V and VI of the Organizational Report may sign this plan.
3. An authorization to inject into the Class II well for which this plan was submitted **will not** be granted until the specifications of the plan have been completed and proof of completion is received by the division.
4. If you wish to utilize rate restriction you **must** supply all of the injection formation factors requested.