Oil & Gas Program | Reclamation Division
Jocelyne Brower | Orphan Well Program Manager
jobrower@dnr.IN.gov | 463-304-1804

Project Description

Oil and Gas Orphan Well program is committed to identifying and plugging orphan wells within the state to reduce the environmental impact of emissions, water contamination, and other concerns related to the lack of maintenance and oversight on historical wells. This project is one of several that is targeting clusters of such wells in close enough proximity that they can be combined into a single bid project.

The scope of work includes initial site characterization, emissions quantification where leaks are present, undergrowth clearing as necessary to ensure heavy equipment (drill rigs, cement trucks, etc.) can access the well locations, excavation of a lined drainage pit for capture of fluids during plugging, and the eventual plugging activities, which include excavation to dig up casing and flowline riser to cut off 3 feet below ground level as required by state regulations.

No new construction will be completed. The ground disturbance is limited to a 30-foot radius within which the drainage pit is excavated in proximity to the well. Each well has/had access roads cleared previously, though several have been poorly or not maintained. During plugging activities, 5-6 heavy trucks will be staged at or near the well location. Staging and clearing spaces are indicated by the crosshatched areas within the site maps. Note: all ground disturbance activities are located where the ground has previously been disturbed during well construction.

This project includes the following wells:

Permit #	IGS	Status	Type	County	Operator	Lease	Well #	Twp	T Dir	Rng	R Dir	Sect	UTMX	UTMY
13558	108187	Orphaned	N/C Gas	Dubois	Luther Byers	LUTHER BYERS	1	3	S	5	W	29	500252	4230080
13874	108091	Revoked	Oil	Dubois	Petro-Halogen Corp.	ELMER SCHMETT	3	3	S	5	W	17	500874	4233962
18464	108124	Revoked	Oil	Dubois	Petro-Halogen Corp.	ALFRED WELLMEYER	2	3	S	5	W	18	499852	4234365
27714	108405	Revoked	Oil	Dubois	Petro-Halogen Corp.	ELMER ROESNER	1	3	S	6	W	36	497162	4229748
37315	108347	Revoked	Oil	Dubois	Olympia Petroleum, Inc.	Helen C. Blemker	1	3	S	6	W	12	497990	4236184
38266	108143	Revoked	Gas	Dubois	Robert W. Dyer dba Dyer Gas, Inc.	Earl Frick	1	3	S	5	W	20	501723	4231730
38383	108370	Revoked	Gas	Dubois	Onis Holmes	Karen Fischer	1	3	S	6	W	25	497553	4231509
38725	108089	Revoked	Enh Rec	Dubois	Petro-Halogen Corp.	Elmer Schmett	4	3	S	5	W	17	500681	4234162
39029	108287	Revoked	Gas	Dubois	Onis Holmes	Charles R. & Willa Crow	1	3	S	5	W	8	500466	4235785
39212	108366	Revoked	Gas	Dubois	Robert W. Dyer dba Dyer Gas, Inc.	Hunefeld Heirs	1	3	S	6	W	24	497711	4231719
40599	108113	Revoked	Oil	Dubois	Petro-Halogen Corp.	BARTELT, SMALL, & BARTELT	1	3	S	5	W	18	499961	4234573
44609	155563	Revoked	Gas	Dubois	William Roesner	EARL PATRICK BUENING	CU 1	3	S	5	W	28	502491	4230274
44711	155573	Revoked	Gas	Dubois	Petro-Halogen Corp.	ELMER ROESNER	5	3	S	6	W	35	496760	4229899
44762	155574	Revoked	Gas	Dubois	Petro-Halogen Corp.	ELMER ROESNER	6	3	S	6	W	36	497161	4229906
49708	108407	Revoked	Oil	Dubois	Petro-Halogen Corp.	ELMER ROESNER	2	3	S	6	W	36	496957	4229713
52245	163118	Revoked	Enh Rec	Dubois	Petro-Halogen Corp.	Elmer Roesner	WIW	3	S	6	W	35	496744	4229740
52462	163354	Revoked	Oil	Dubois	Petro-Halogen Corp.	Elmer Schmett	8-A	3	S	5	W	17	500589	4234036
52505	163395	Revoked	Oil	Dubois	Petro-Halogen Corp.	Buse	8	3	S	5	W	17	500589	4234059
52583	163475	Revoked	Gas	Dubois	Petro-Halogen Corp.	Alan & Nancy Balsmeyer	2	3	S	5	W	19	499253	4231717

Reference NAD83 16S

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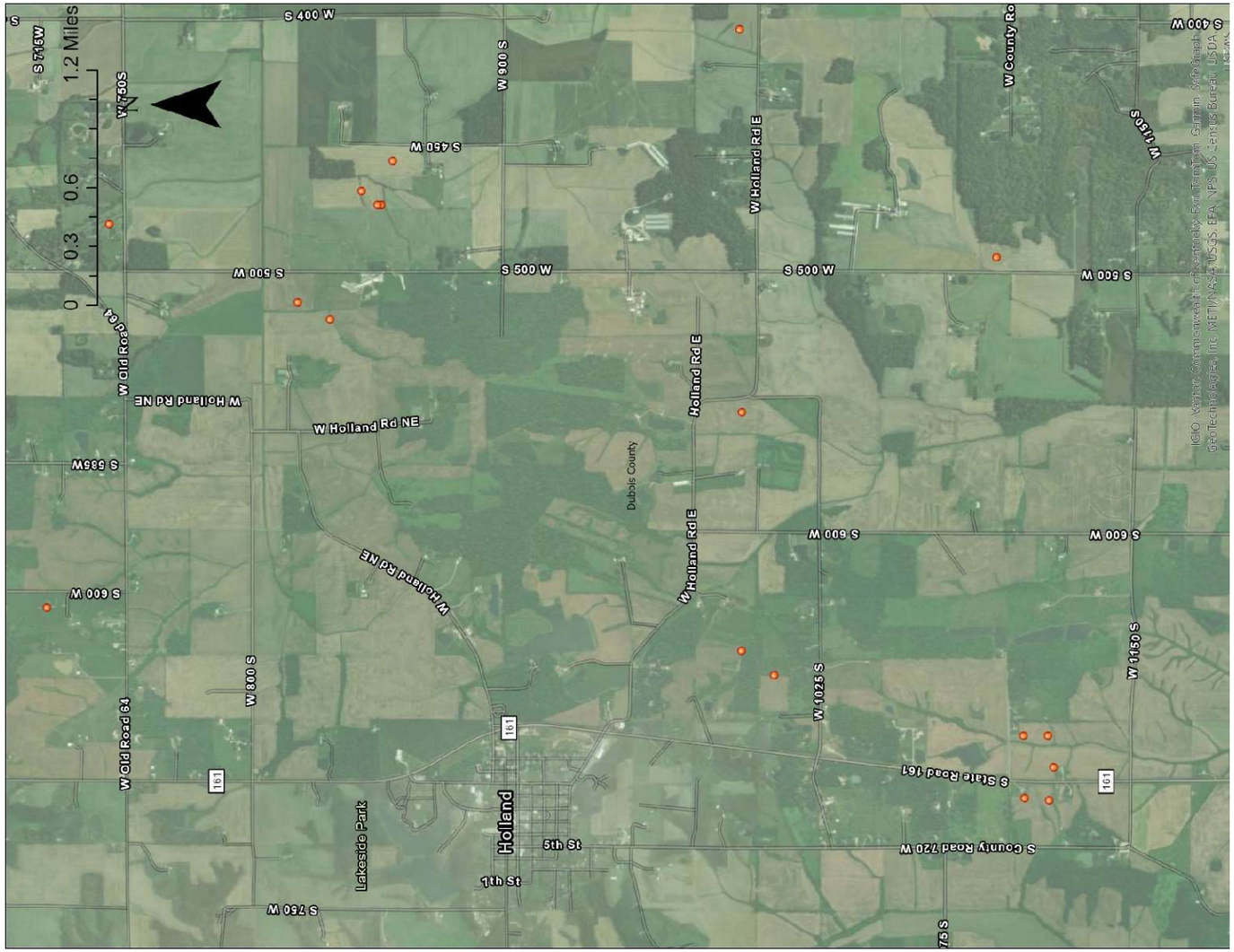
Local Oil & Gas Inspector:
Doug Kearby
812-459-4862
dkearby@dnr.IN.gov

Field Supervisor:
Kevin York
812-459-4864
kyork@dnr.IN.gov



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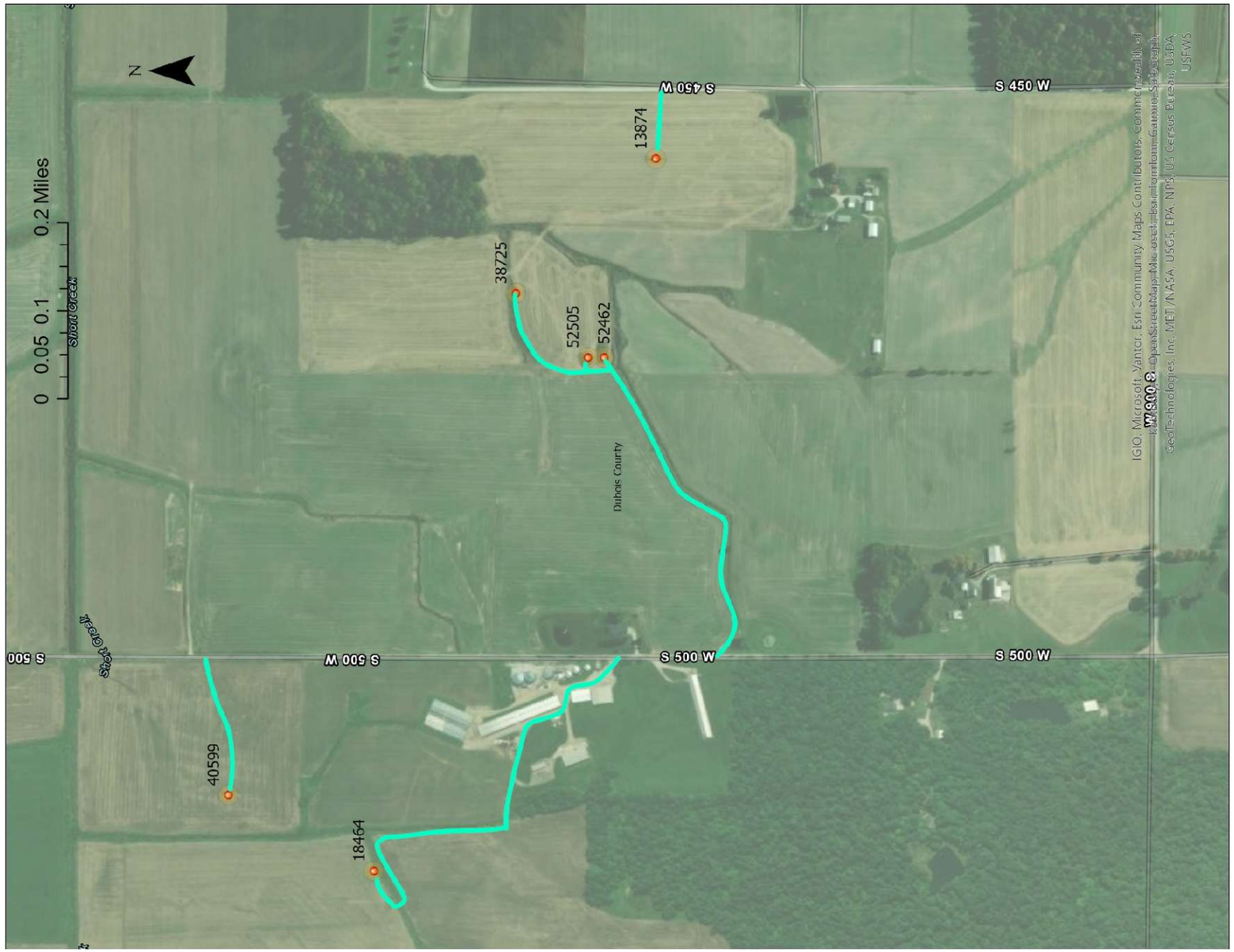

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13874

18464

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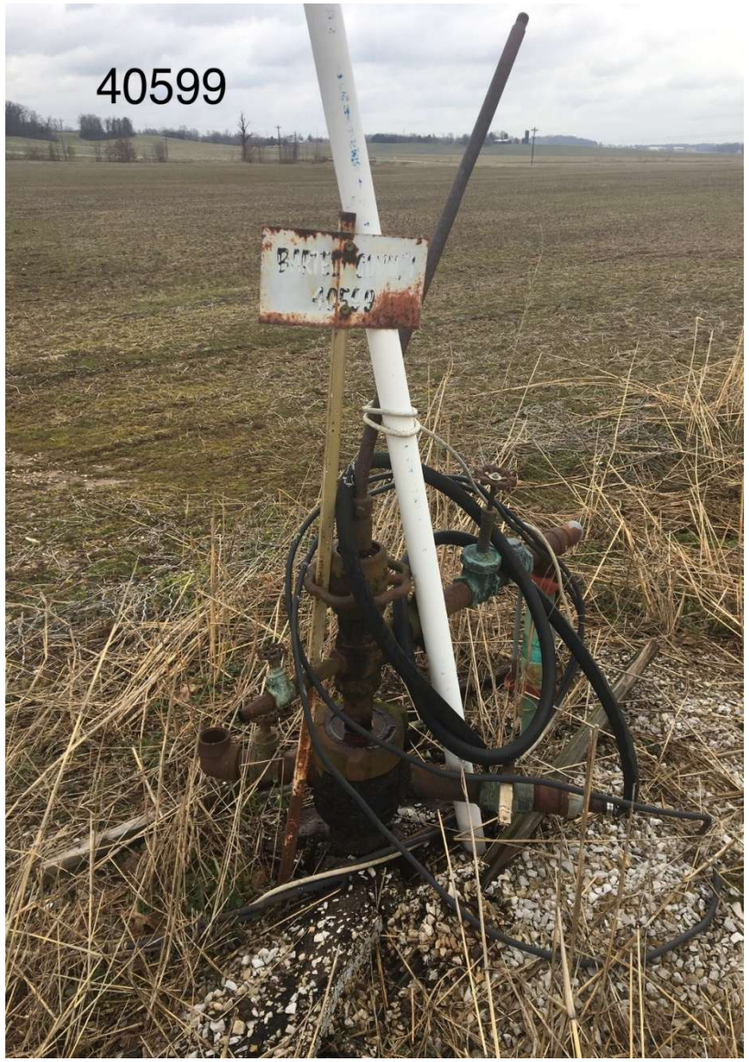
38725

40599



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52462

52505

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13558

38266

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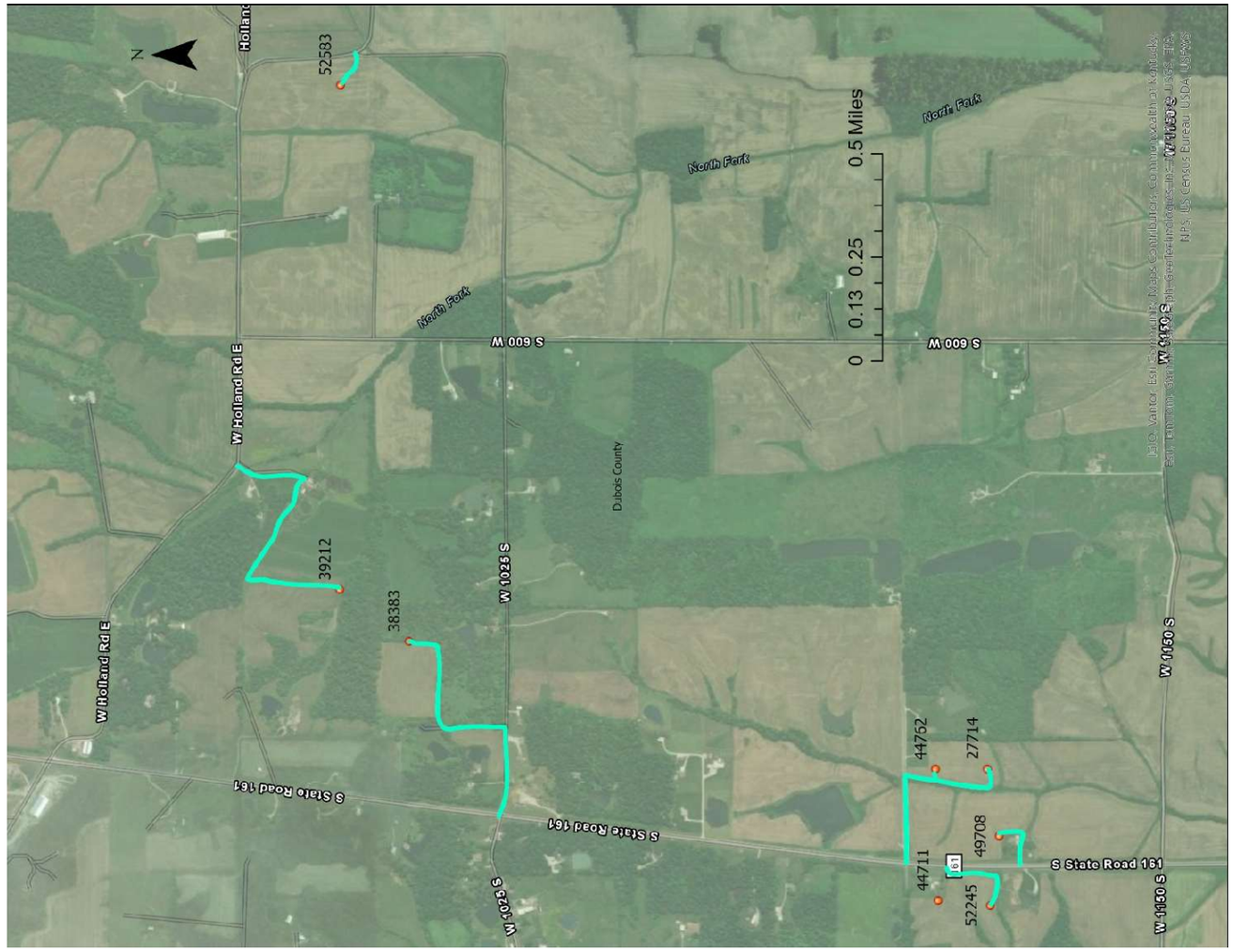
44609



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38383

27714

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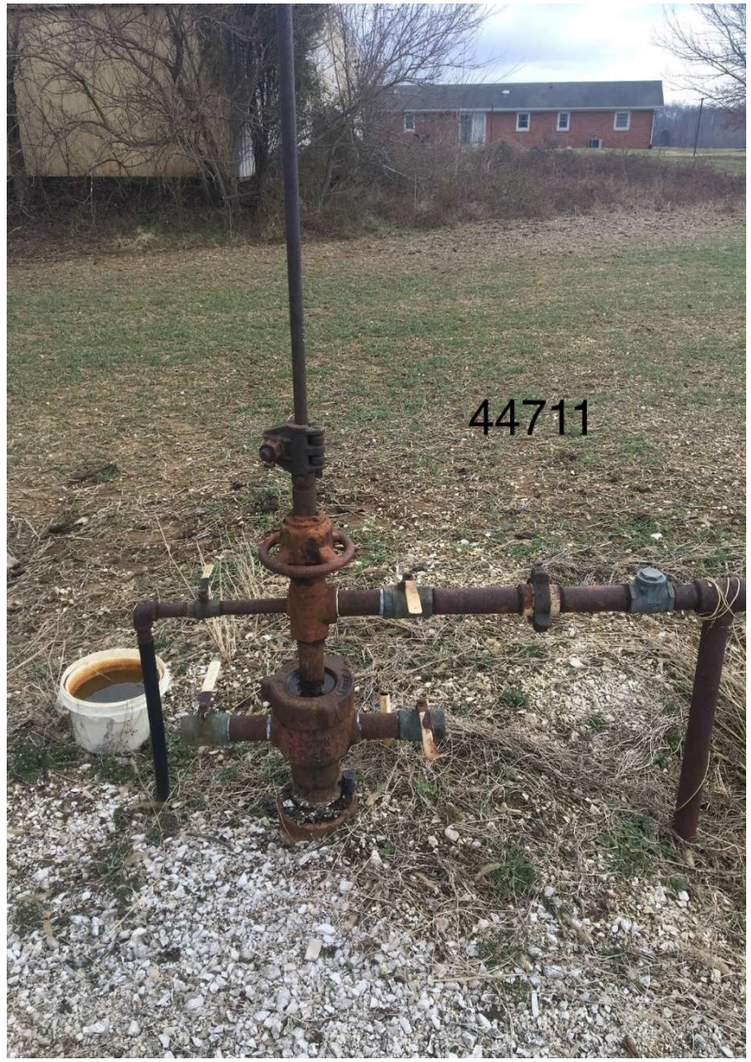
44711



44762

Oil & Gas Program | Reclamation Division
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jobrower@dnr.IN.gov | 463-304-1804

49708

52245

Oil & Gas Program | Reclamation Division
Jocelyne Brower | Orphan Well Program Manager
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39212

52583

Oil & Gas Program | Reclamation Division
Jocelyne Brower | Orphan Well Program Manager
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37315

Oil & Gas Program | Reclamation Division
Jocelyne Brower | Orphan Well Program Manager
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39029

WELL PLUGGING PLAN

State Form 54872 (R4 / 3-20) Form No. P2

INDIANA DEPARTMENT OF NATURAL RESOURCES
Division of Oil and Gas
402 West Washington Street, Room W293
Indianapolis, IN 46204
Telephone: (317) 232-4055
Internet: http://www.in.gov/dnr/dnroil

FOR STATE USE ONLY	
Date Received *(month, day, year)* 3/3/2026	Initials KPG
Date Approved *(month, day, year)* 3/16/2026	Initials KPG
Date Denied *(month, day, year)*	Initials
Date Modified *(month, day, year)*	Initials

PART I **GENERAL INFORMATION**

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Luther Byers #1 | Well Type: NC Gas | Permit Number: 13558

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 29 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
8	185		

Long String:

Size	Length	Hole	Cement
6	810		

Liner / Intermediate Casing:

Size	Length	Hole	Cement
7	560		

Estimate top of cement (TOC): ?

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From To
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

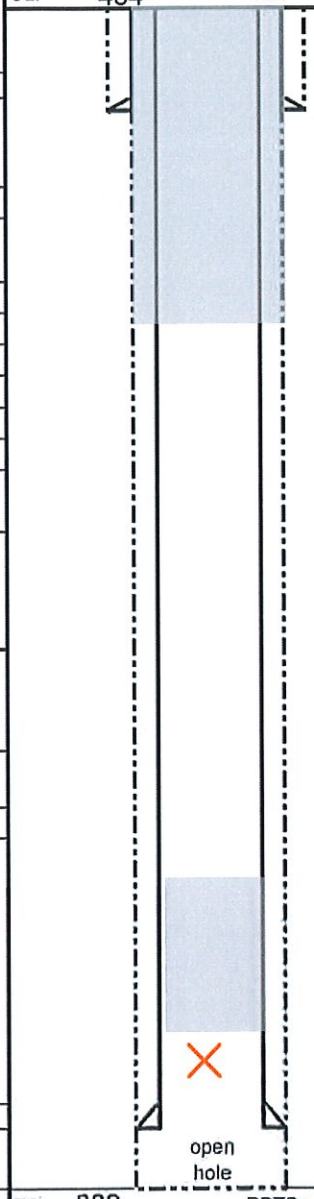
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 2sx

Plug #2
Cmt Type A Volume +/-72

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 454
Well flowing? ☑ Yes ☐ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-800 w/2sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 504-0

Bottom plug: perforate at 800' and 600', cement 810'-550', let cement set up to verify flow stopped

Top plug: perforate as needed to circulate full 288'-0'

PART II **AFFIRMATION**

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent | Date signed *(month, day, year)*

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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Date Approved (month, day, year) 3/16/2026	Initials RPG
Date Denied (month, day, year)	Initials
Date Modified (month, day, year)	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Elmer Schmett #3 | Well Type: Oil | Permit Number: 13874

County: Dubois | Scheduled plugging date: (month, day, year) | Section 17 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
10	33		

Long String:

Size	Length	Hole	Cement
5	930		

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): ?

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From To
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

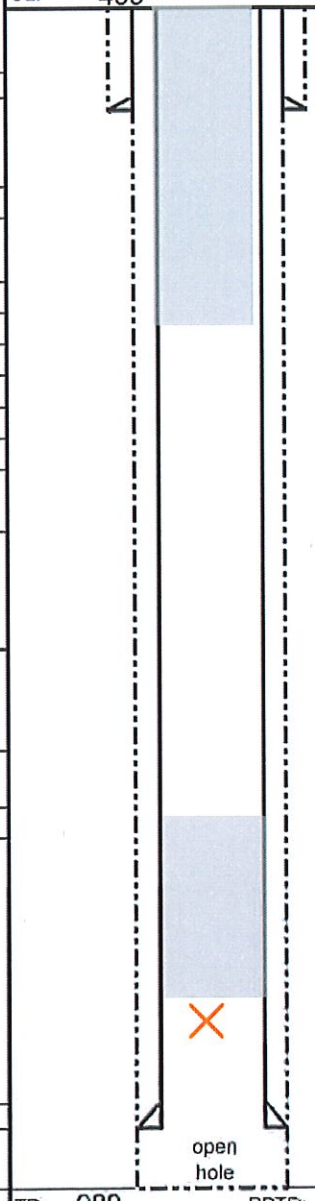
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1.5sx

Plug #2
Cmt Type A Volume +/-87

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 280
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-900 w/1.5sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 330-0

Bottom plug: perforate at 890' and 660' and cement 900'-650'

Top plug: perforate as needed to circulate full 330'-0'

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent	Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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Date Modified (month, day, year)	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Alfred Wellmeyer #2 | Well Type: Oil | Permit Number: 18464

County: Dubois | Scheduled plugging date: (month, day, year) | Section 18 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
10	44		

Long String:

Size	Length	Hole	Cement
4	922		

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC):

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 928 To 930
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

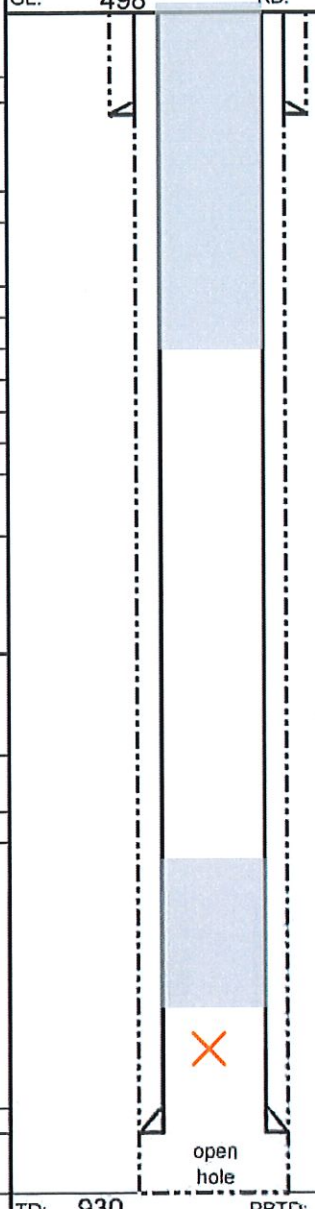
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-64

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 280
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-910 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 330-0

Bottom plug: perforate at 900' and 670', cement 910'-660'

Top plug: perforate as needed to circulate full 330'-0'

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent | Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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Date Modified *(month, day, year)*	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Elmer Roesner #1 | Well Type: Oil | Permit Number: 27714

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 36 | Township 3S | Range 6W | 1/4's

Surface:

Size	Length	Hole	Cement

Long String:

Size	Length	Hole	Cement
4	950		?

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC):

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:

From To
From To
From To

Proposed Perforations:

From 945 To 944
From 510 To 509
From To

Proposed Casing to Pull - Amount:

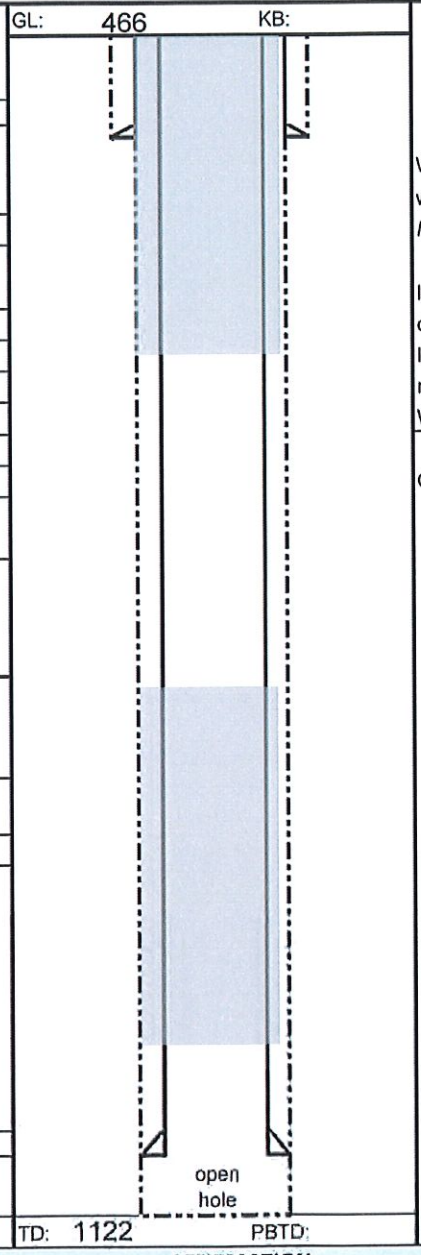
Proposed cement types and volumes

Plug #1
Cmt Type A Volume 54

Plug #2
Cmt Type A Volume 74

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 335
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Perforate, plug 950/open hole to 700'

Top plug: perforate , circulate full 385-0

Bottom plug: perforate at 945' and 710', cement 950'-700'

Top plug: perforate as needed to circulate full 385'-0'

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent | Date signed *(month, day, year)*

Cement | CIBP ☒ | Packer ☒ ☒ | Spacer

WELL PLUGGING PLAN

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PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Helen C Blemker #1 | Well Type: Oil | Permit Number: 37315

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 12 | Township 3S | Range 6W | 1/4's

Surface:

Size	Length	Hole	Cement
7	118		y

Long String:

Size	Length	Hole	Cement
4.5	1495		70

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 918

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 901 To 909
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

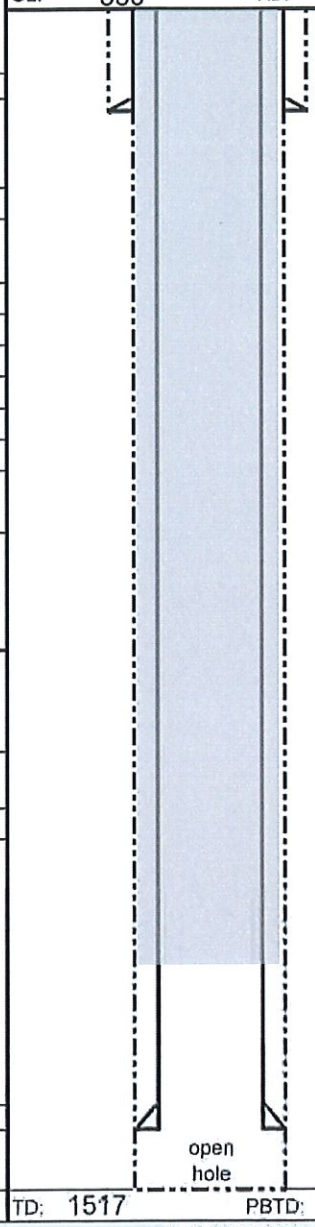
Proposed cement types and volumes

Plug #1
Cmt Type A Volume +/-160

Plug #2
Cmt Type Volume

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 550
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

verify cement on backside, perforate as needed, circulate full 900-0

Perforate casing as needed to circulate hole full 959'-0'

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent	Date signed *(month, day, year)*

Cement | CIBP ☒ | Packer ☒ ☒ | Spacer

WELL PLUGGING PLAN

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Date Modified (month, day, year)	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Earl Frick #1 | Well Type: Gas | Permit Number: 38266

County: Dubois | Scheduled plugging date: (month, day, year) | Section 20 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
7.5	71		

Long String:

Size	Length	Hole	Cement
4.5	875		y

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 871 To 876
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

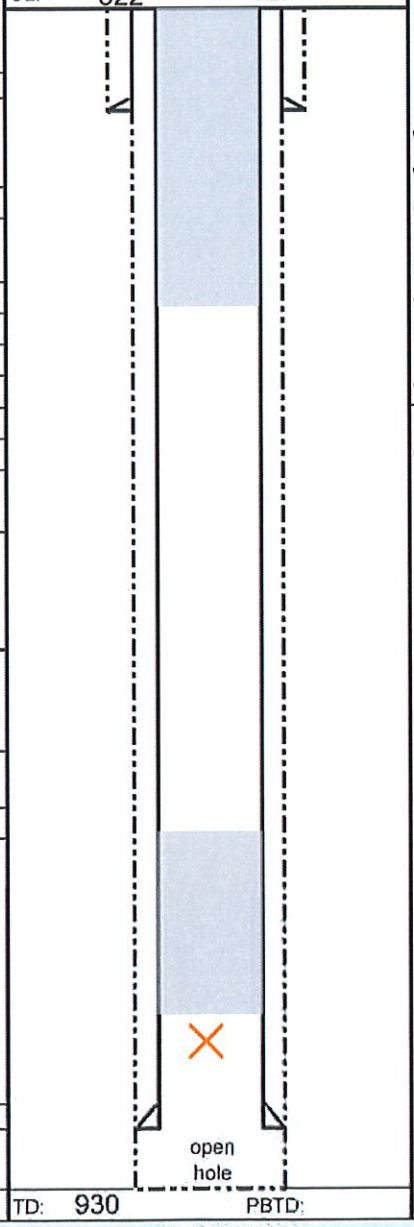
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-41

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 522
Well flowing? ☑ Yes ☐ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-855 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 572-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent	Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

State Form 54872 (R4 / 3-20) Form No. P2

INDIANA DEPARTMENT OF NATURAL RESOURCES
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Telephone: (317) 232-4055
Internet: http://www.in.gov/dnr/dnroil

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Date Denied *(month, day, year)*	Initials
Date Modified *(month, day, year)*	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Karen Fischer #1 | Well Type: Gas | Permit Number: 38383

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 24 | Township 3S | Range 6W | 1/4's

Surface:

Size	Length	Hole	Cement

Long String:

Size	Length	Hole	Cement
4.5	957		100

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 133

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 960 To 976
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

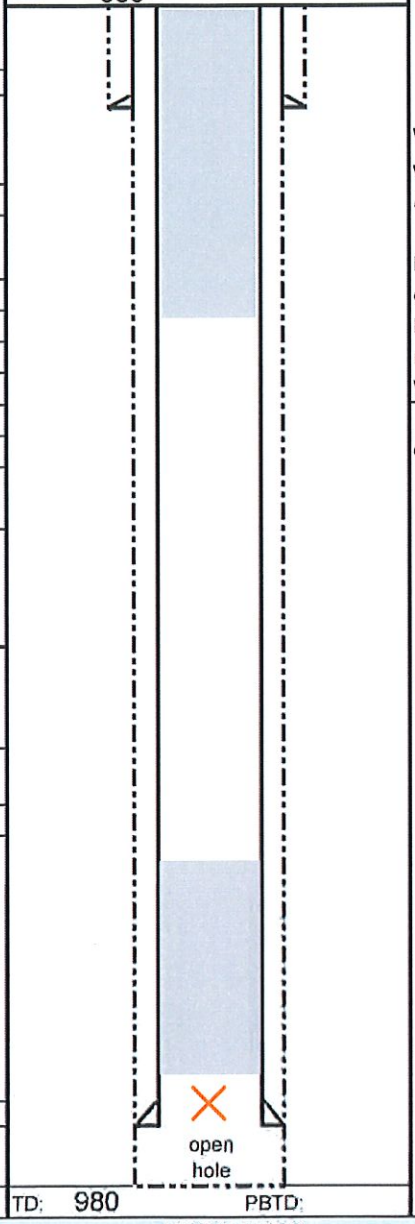
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-60

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 550
Well flowing? ☑ Yes ☐ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-940 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 600-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent | Date signed *(month, day, year)*

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Elmer schmett #4 | Well Type: Enhanced Recovery | Permit Number: 38725

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 17 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
7	18		10

Long String:

Size	Length	Hole	Cement
4 1/2	919'		50

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 580

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From To
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

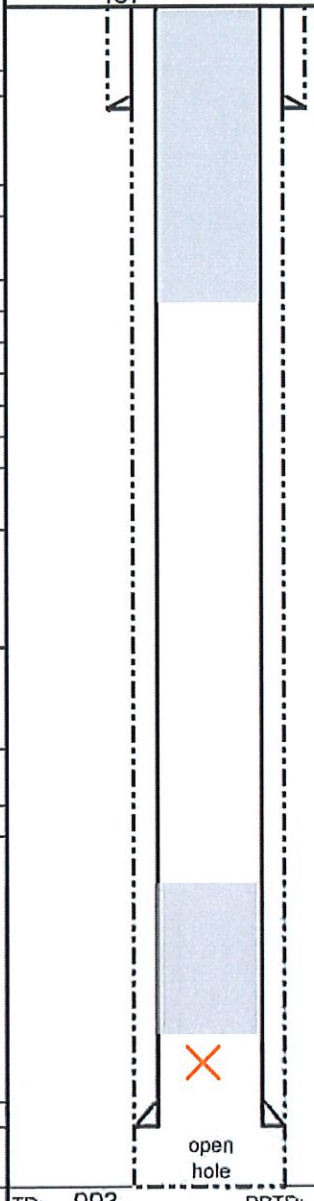
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-54

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 265
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-900 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 315-0

Bottom plug: set CIBP at 900' w/1sx cement

Top plug: perforate as needed to circulate full 315'-0'

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent	Date signed *(month, day, year)*

Cement CIBP Packer Spacer

WELL PLUGGING PLAN

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PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Charles & Willa Crow #1 | Well Type: Gas | Permit Number: 39029

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section: 8 | Township: 3S | Range: 5W | 1/4's:

Surface:

Size	Length	Hole	Cement

Long String:

Size	Length	Hole	Cement
4	975		300

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 883 To 896
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

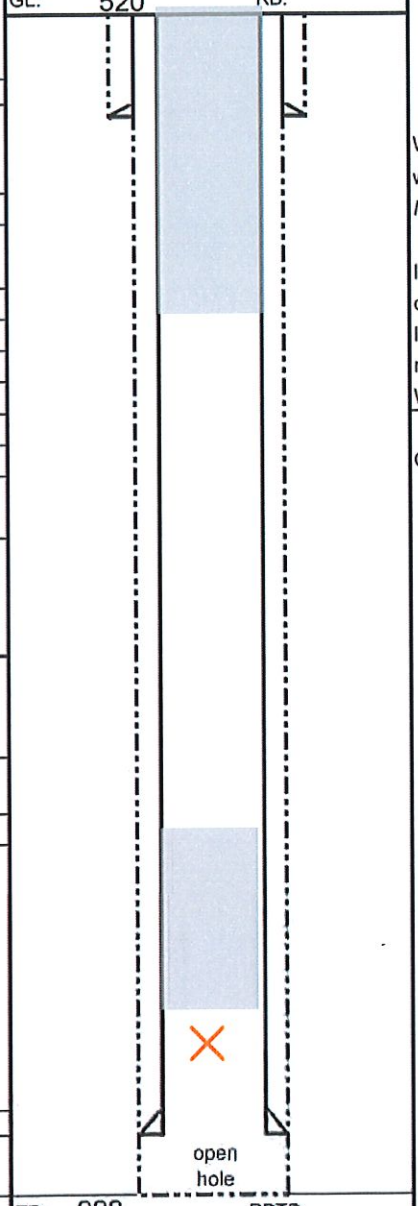
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-26

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 305
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-860 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 355-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent	Date signed *(month, day, year)*

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Hunefeld Heirs #1 | Well Type: Gas | Permit Number: 39212

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 24 | Township 3S | Range 6W | 1/4's

Surface:

Size	Length	Hole	Cement
7	105		y

Long String:

Size	Length	Hole	Cement
4	898		y

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 894 To 908
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

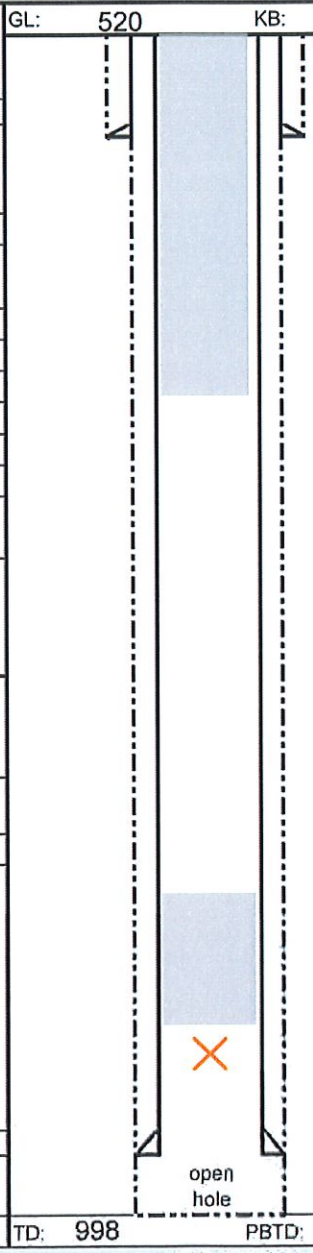
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-41

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 520
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-880 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 570-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent	Date signed *(month, day, year)*

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Bartelt, Smalls, & Bartelt #1 | Well Type: Oil | Permit Number: 40599

County: Dubois | Scheduled plugging date: (month, day, year) | Section 18 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	46		50

Long String:

Size	Length	Hole	Cement
4.5	1058		225

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 225

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 944 To 947
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

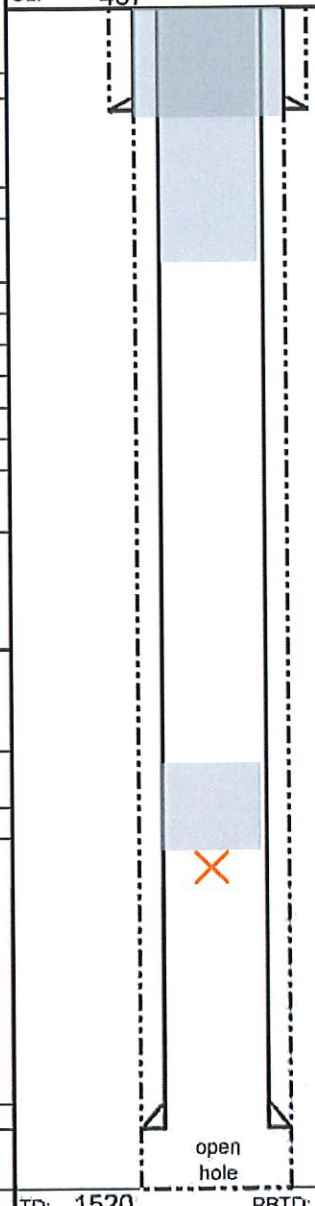
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-54

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 265
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-930 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 315-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent | Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Earl Patrick Buening #CU 1 | Well Type: Gas | Permit Number: 44609

County: Dubois | Scheduled plugging date: (month, day, year) | Section 28 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	79		100

Long String:

Size	Length	Hole	Cement
4.5	1204		y

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 1056 To 1058
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

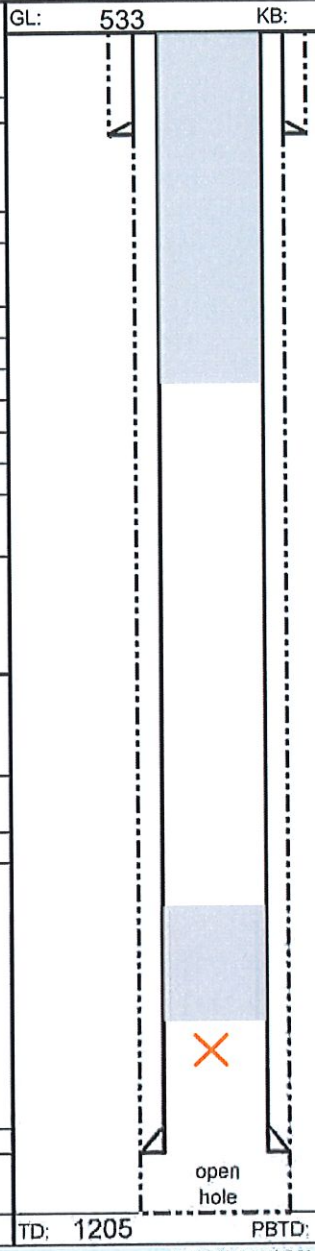
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-42

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 533
Well flowing? ☑ Yes ☐ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-1035 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 583-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent | Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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Date Modified (month, day, year)	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Elmer Roesner #5 | Well Type: Gas | Permit Number: 44711

County: Dubois | Scheduled plugging date: (month, day, year) | Section 35 | Township 3S | Range 6W | 1/4's

Surface:

Size	Length	Hole	Cement

Long String:

Size	Length	Hole	Cement
4.5	1144		y

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 1140 To 1143
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-29

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume

USDW Depth: 352
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-1120 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 402-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent	Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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Date Denied (month, day, year)	Initials
Date Modified (month, day, year)	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Elmer Roesner #6 | Well Type: Gas | Permit Number: 44762

County: Dubois | Scheduled plugging date: (month, day, year) | Section 36 | Township 3S | Range 6W | 1/4's

Surface:

Size	Length	Hole	Cement
7	35		y

Long String:

Size	Length	Hole	Cement
4.5	553		y

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 555 To 558
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

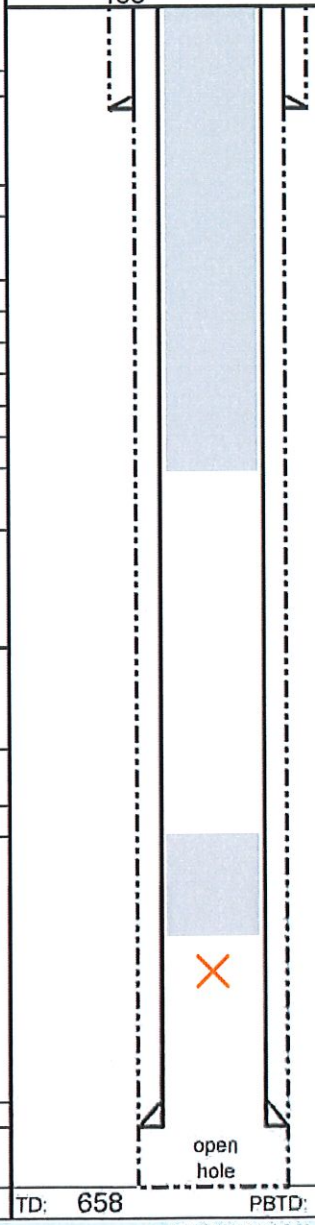
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-28

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 335
Well flowing? ☑ Yes ☐ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-540 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 385-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent | Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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Date Modified (month, day, year)	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Elmer Roesner #2 | Well Type: Oil | Permit Number: 49708

County: Dubois | Scheduled plugging date: (month, day, year) | Section 36 | Township 3S | Range 6W | 1/4's

Surface:

Size	Length	Hole	Cement

Long String:

Size	Length	Hole	Cement
5.5	1133		y

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 1133 To 1138
From 1013 To 1027
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

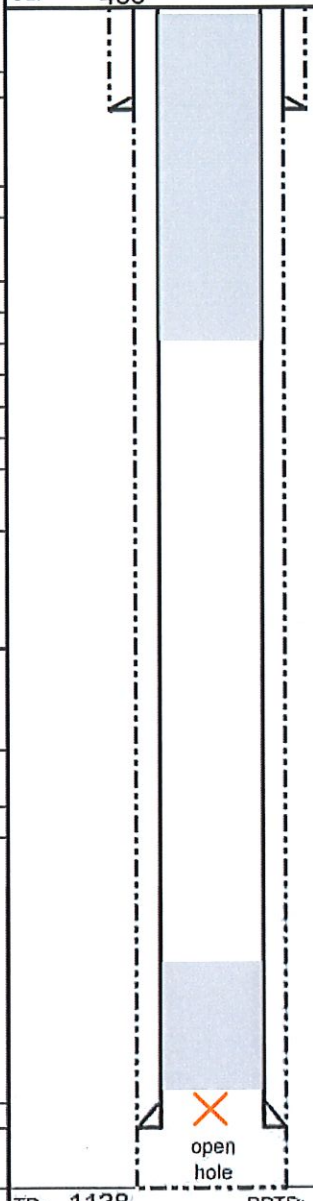
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1.5sx

Plug #2
Cmt Type A Volume +/-47

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 352
Well flowing? ☑ Yes ☐ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-1000w/1.5sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 402-0

PART II AFFIRMATION

I affirm under penalty of perjury that the information provided in this plan is true and correct to the best of my knowledge and belief. Furthermore, I understand that this plan will not be valid until approved by the Division of Oil and Gas and that upon said approval, it will remain valid for a period of not more than 180 days thereafter, unless the construction of the well has changed which also voids the plan.

Signature of operator or authorized agent	Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

State Form 54872 (R4 / 3-20) Form No. P2

INDIANA DEPARTMENT OF NATURAL RESOURCES
Division of Oil and Gas
402 West Washington Street, Room W293
Indianapolis, IN 46204
Telephone: (317) 232-4055
Internet: http://www.in.gov/dnr/dnroil

FOR STATE USE ONLY	
Date Received (month, day, year) 3/3/2026	Initials KPG
Date Approved (month, day, year) 3/16/2026	Initials KPG
Date Denied (month, day, year)	Initials
Date Modified (month, day, year)	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Elmer Roesner #WIW | Well Type: Enhanced Recovery | Permit Number: 52245

County: Dubois | Scheduled plugging date: (month, day, year) | Section 35 | Township 3S | Range 6W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	97		80

Long String:

Size	Length	Hole	Cement
4.5	1094		200

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 1002 To 1012
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

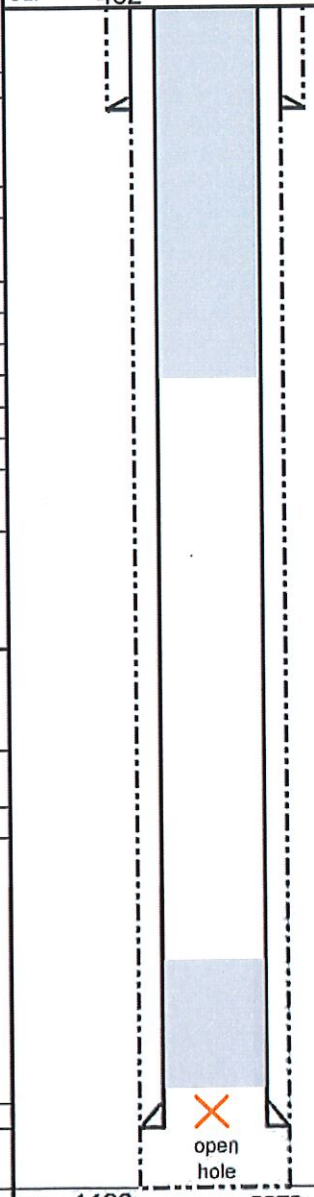
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-28

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 327
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-980 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 377-0

PART II AFFIRMATION

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Signature of operator or authorized agent | Date signed (month, day, year)

Cement | CIBP | Packer | Spacer

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Date Denied *(month, day, year)*	Initials
Date Modified *(month, day, year)*	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Elmer Schmett #8-A | Well Type: Oil | Permit Number: 52462

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 17 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	54		75

Long String:

Size	Length	Hole	Cement
4.5	1034		225

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 990 To 1002
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

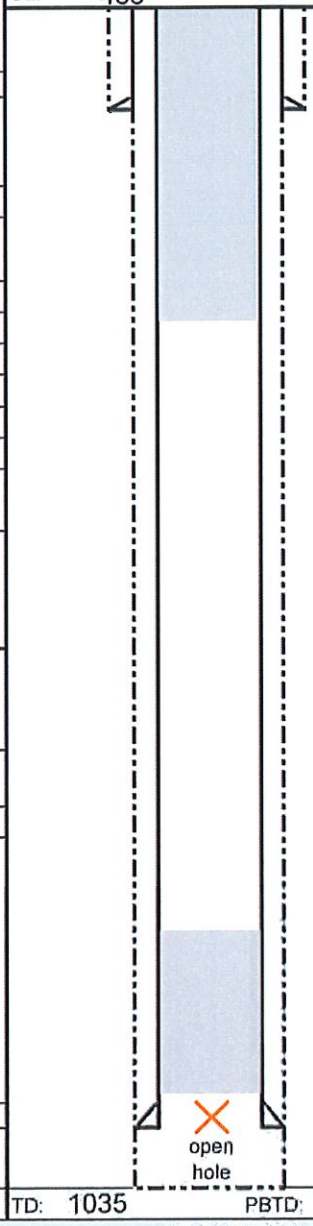
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-23

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 265
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-970 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 315-0

PART II AFFIRMATION

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Signature of operator or authorized agent	Date signed *(month, day, year)*

Cement | CIBP ☒ | Packer ☒ ☒ | Spacer

WELL PLUGGING PLAN

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Date Denied *(month, day, year)*	Initials
Date Modified *(month, day, year)*	Initials

PART I GENERAL INFORMATION

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Buse #8 | Well Type: Oil | Permit Number: 52505

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 17 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	45		70

Long String:

Size	Length	Hole	Cement
4.5	989		200

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 936 To 950
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

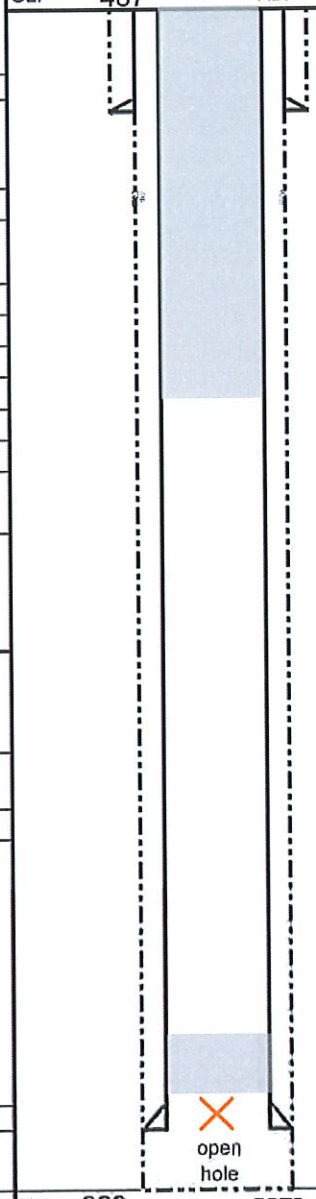
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-23

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 265
Well flowing? ☐ Yes ☑ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-915 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 315-0

PART II AFFIRMATION

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Signature of operator or authorized agent | Date signed *(month, day, year)*

Cement | CIBP | Packer | Spacer

WELL PLUGGING PLAN

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Date Denied *(month, day, year)*	Initials
Date Modified *(month, day, year)*	Initials

PART I **GENERAL INFORMATION**

Operator: Orphan Well | Telephone Number: | E-mail: orphanwells@dnr.IN.gov

Lease-Well Number: Alan & Nancy Balsmeyer #2 | Well Type: Gas | Permit Number: 52583

County: Dubois | Scheduled plugging date: *(month, day, year)* | Section 19 | Township 3S | Range 5W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	34		50

Long String:

Size	Length	Hole	Cement
4.5	938		215

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 852 To 860
From To
From To

Proposed Perforations:
From To
From To
From To

Proposed Casing to Pull - Amount:

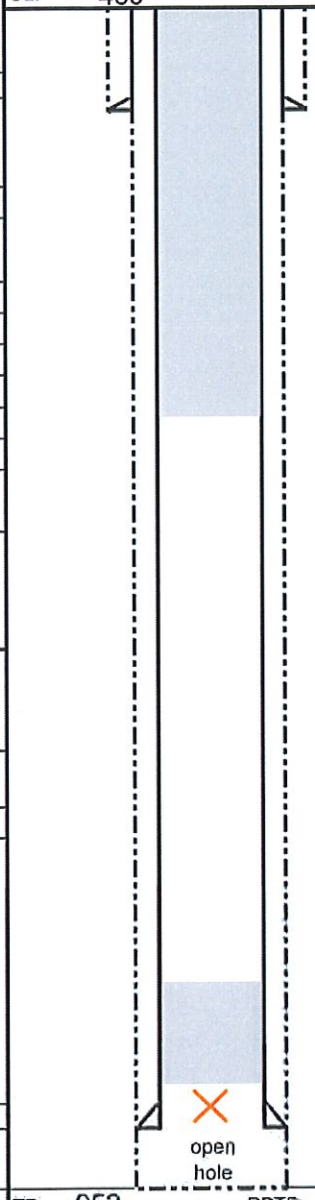
Proposed cement types and volumes

Plug #1
Cmt Type CIBP Volume 1sx

Plug #2
Cmt Type A Volume +/-33

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 414
Well flowing? ☑ Yes ☐ No

Will you be disposing of NORM related waste during this plugging? ☐ Yes ☑ No
If yes, see Part III below.

Is well located in a commercially minable coal resource area? ☐ Yes ☑ No
If so, was the entity with rights to the coal rights notified? ☐ Yes When?
Who was notifed?

Comments:

Bottom plug: Set CIBP at +/-910 w/1sx of cement

Top plug: verify cement on backside, perforate as needed, circulate full 464-0

Bottom plug: set CIBP at 835' w/1sx cement

Top plug: perforate as needed to circulate full 464'-0'

PART II **AFFIRMATION**

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Signature of operator or authorized agent	Date signed *(month, day, year)*

Cement | CIBP | Packer | Spacer