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. 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
23770	153923	Revoked	Enhanced Recovery	Posey	Flowline Specialties, Inc	J.E. Reis	1	7	S	12	W	1	438022	4199681
39980	154113	Revoked	Enhanced Recovery	Posey	Jaguar Oil LLC	Ervin Leistner	1	7	S	12	W	19	429005	4194283
16348	112826	Revoked	Enhanced Recovery	Posey	American Energy Reserves LLC	Hill	W-2	7	S	12	W	18	428488	4195792
42875	154273	Revoked	Oil	Posey	Jaguar Oil LLC	John Marx	1	7	S	12	W	30	429214	4193578
43657	154274	Revoked	Oil	Posey	Jaguar Oil LLC	John Marx	2	7	S	12	W	30	429205	4193373
370	112765	Revoked	Oil	Posey	Flowline Specialties, Inc	Sophia Dietz	5	7	S	12	W	1	438030	4199251
15115	112825	Revoked	Enhanced Recovery	Posey	Wm. E. Hill dba Hill Oil Co.	William E. Hill	W-1	7	S	12	W	18	428684	4196029
30530	154128	Revoked	Oil	Posey	Eagleson Services LLC	Keck Heirs	1	7	S	12	W	18	429817	4197013
7341	112824	Revoked	Oil	Posey	American Energy Reserves LLC	Hill	7341	7	S	12	W	18	428683	4195781
32289	154010	Revoked	Oil	Posey	Flowline Specialties, Inc	John Heil	8	7	S	12	W	12	438217	4198451
11444	112833	Revoked	Oil	Posey	Eagleson Services LLC	Frank Keck	1	7	S	12	W	18	429714	4196825
30535	154127	Revoked	Enhanced Recovery	Posey	Eagleson Services LLC	S. Morehead	2	7	S	12	W	18	429211	4197016
28222	153920	Revoked	Enhanced Recovery	Posey	Flowline Specialties, Inc	John H. Schuessler	1B	7	S	12	W	1	438236	4199272
400920	400920	Revoked	Fluid Storage Facility	Posey	Eagleson Services LLC	Lamont		7	S	12	W	18	429213	4197021
10188	112821	Revoked	Oil	Posey	Eagleson Services LLC	Myzilar Darnell	1	7	S	12	W	18	429402	4196620
10718	112823	Revoked	Oil	Posey	Eagleson Services LLC	Myzilar Darnell	2A	7	S	12	W	18	429403	4196820
30554	154133	Revoked	Oil	Posey	Eagleson Services LLC	Hill	2	7	S	12	W	18	429389	4196416
32543	154130	Revoked	Enhanced Recovery	Posey	Eagleson Services LLC	John R. Keck	A-1	7	S	12	W	18	429597	4196416

Reference NAD83 16S

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Local Oil & Gas Inspectors:
Ian Doss
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idoss@dnr.IN.gov

August Saunders
812-459-4873
asaunders@dnr.in.gov

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

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39980

tanks

Oil & Gas Program | Reclamation Division
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42875

43657

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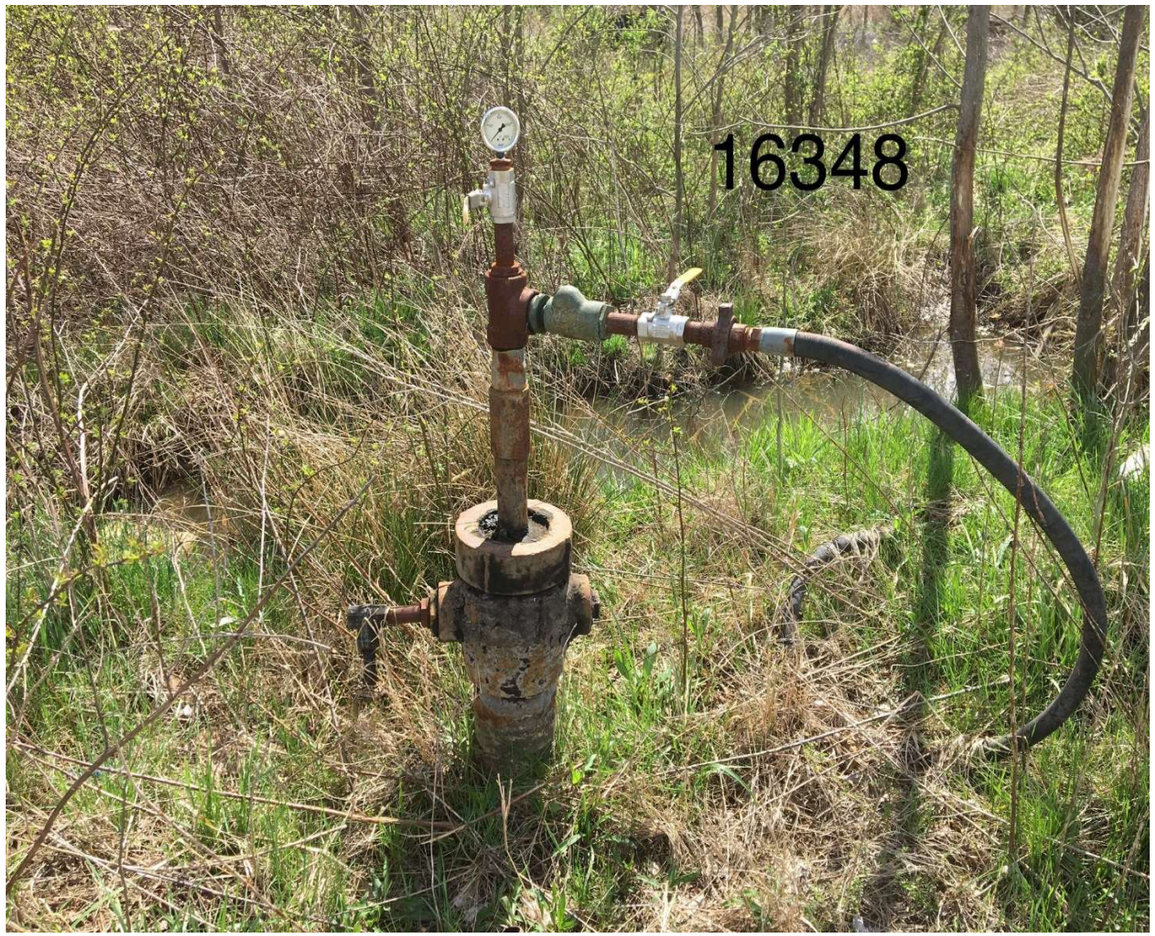
16348



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7341

tanks

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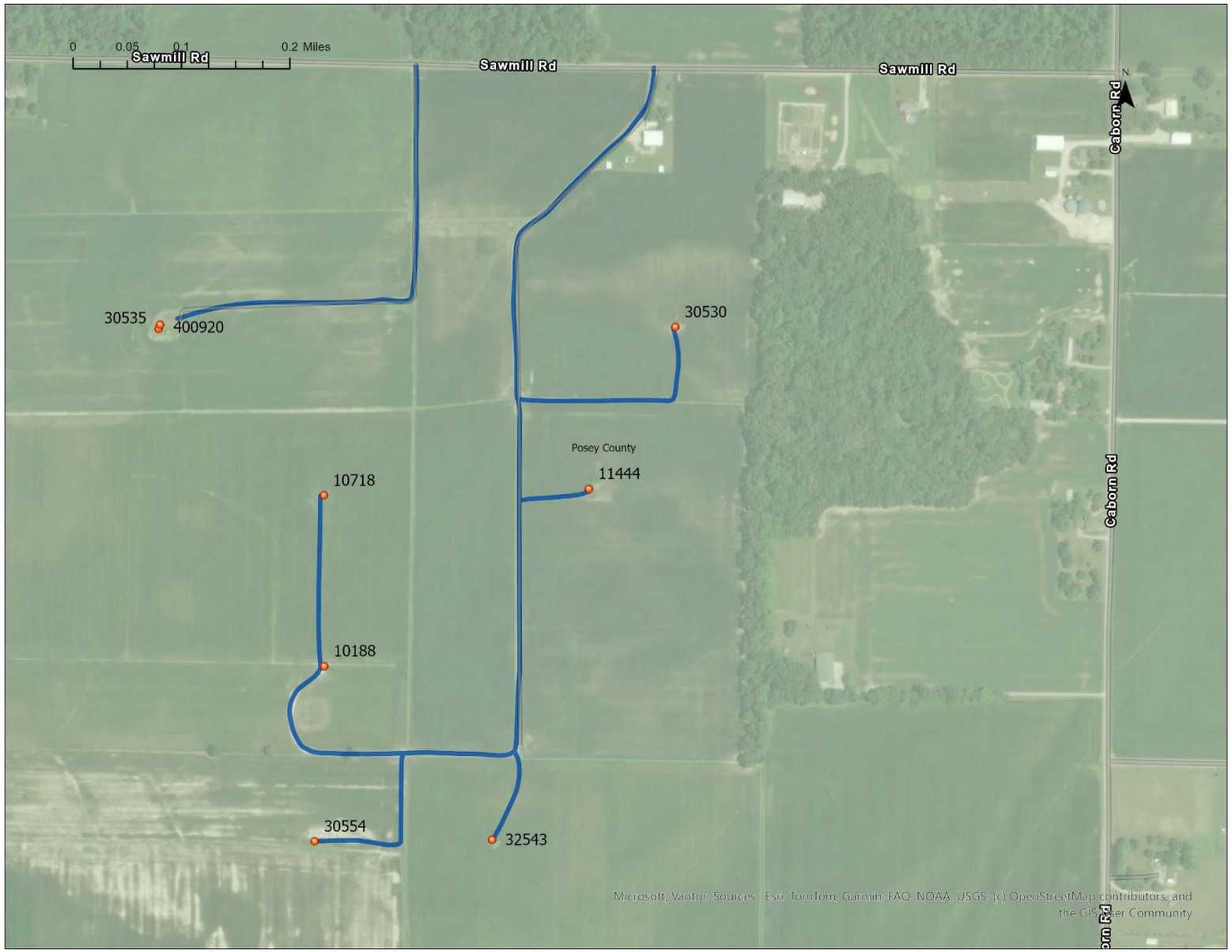

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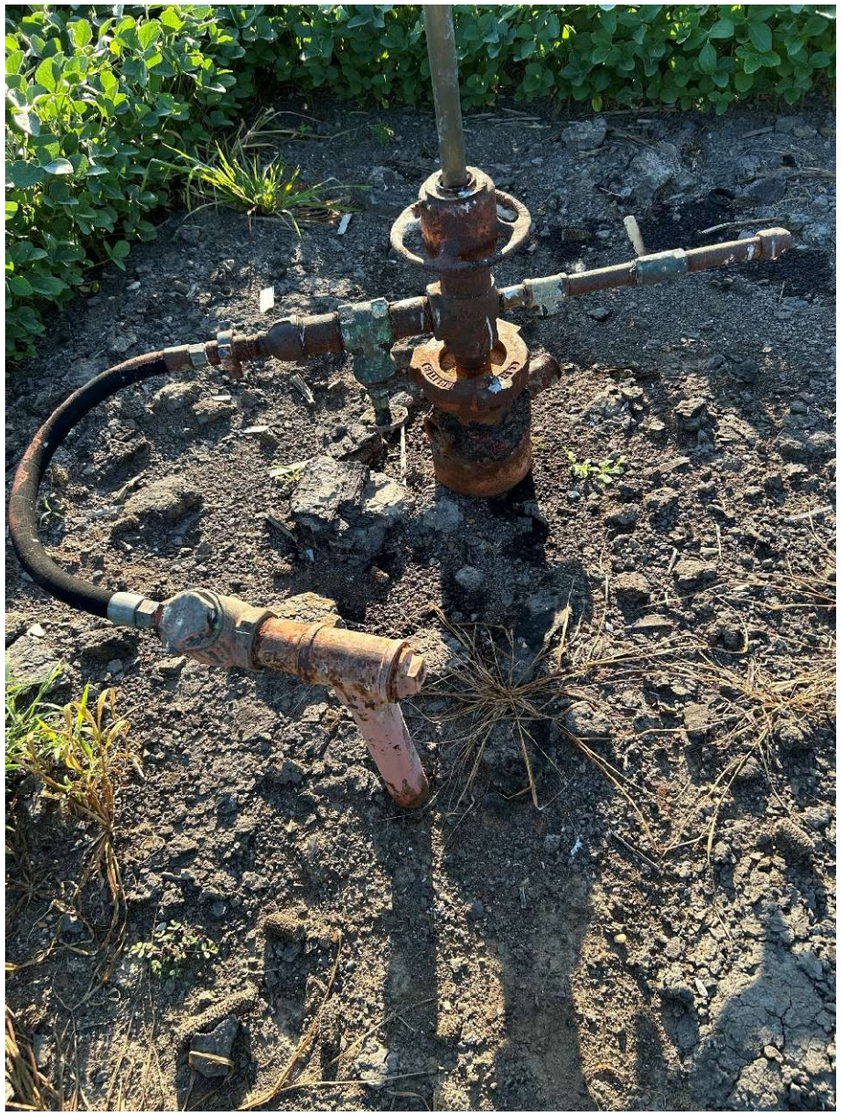
30530

11444



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30535

10188

Oil & Gas Program | Reclamation Division
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10718

30554

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32543

400920

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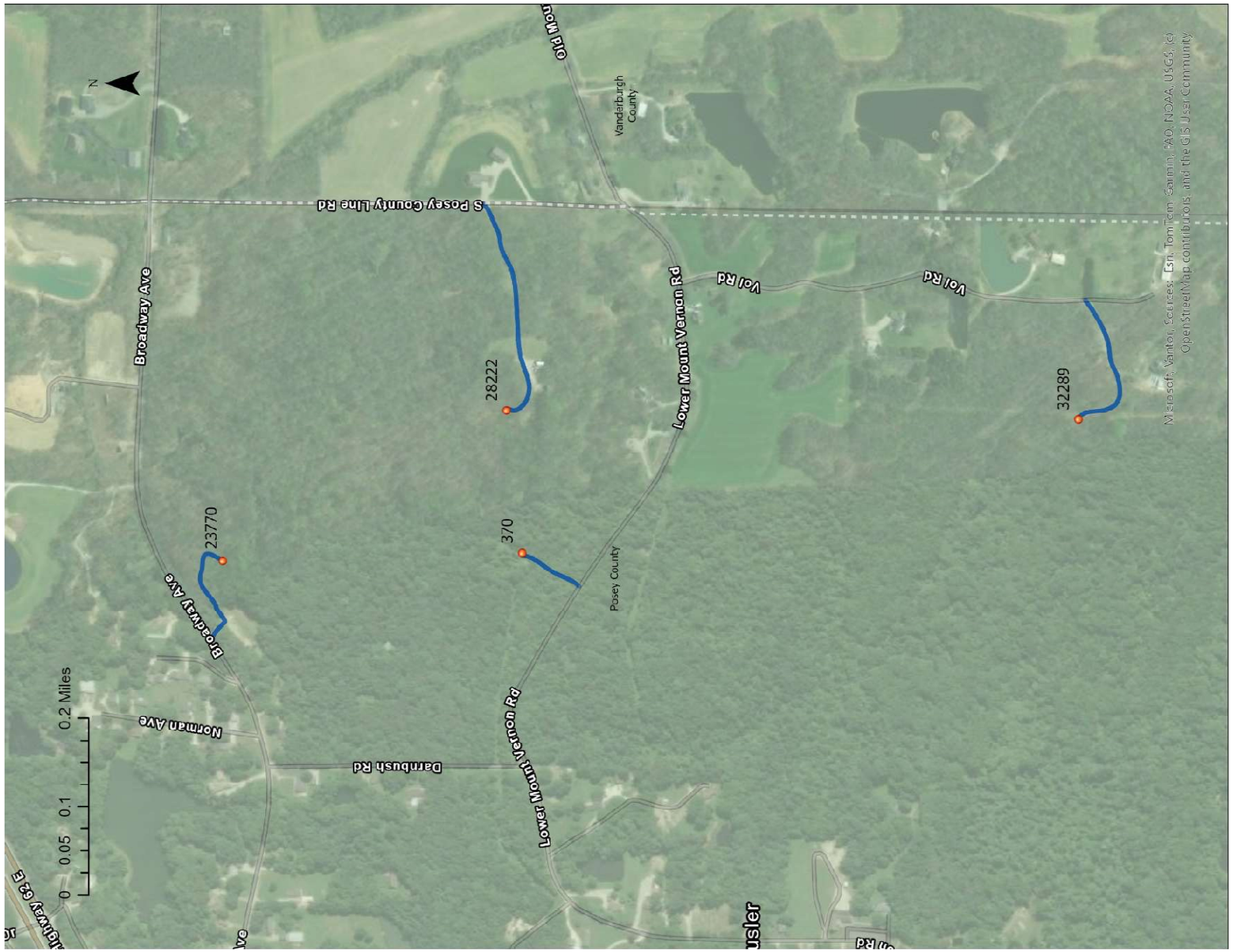

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23770

370

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32289

28222

Price sheet terms and definitions:

- Bit– 4” or 6” drill bit as needed to drill through casing to ensure full depth of cement plug
- Rig Operation (including tubing and labor)– billable hours when rig equipment is actively being operated during plugging process. This does not include down time when repairs are required.
- Rig Operation with Power Swivel (including mud pump, tubing, and labor) or Spudder– billable hours when rig equipment with necessary power swivel attachment is actively being operated during plugging process. This does not include down time when repairs are required.
- Drill Collars (whole project)– billable charge if drill collars are required during power swivel operation
- Tank Truck– billable hours when tank truck is actively being operated during plugging process. This does not include transit time to/from site
- Bulk Truck– billable hours when bulk truck is actively being operated during plugging process. This does not include transit time to/from site
- Backhoe/Mini Excavator– billable hours when backhoe/mini excavator is actively being used by an operator during well site preparation and plugging/restoration activities
- Dozer/Cat– billable hours when dozer/cat is actively being used by an operator during well site preparation and plugging/restoration activities
- Winch Truck– billable hours when winch truck is actively being used during well site preparation and restoration. This does not include transit time to/from site.
- Liquid Oil Field Waste Disposal– this is the per-barrel cost for disposal of produced water and other fluids generated during well plugging
- Cement Pump Truck and set up charge– one set up charge allowed per well, including travel time
- Cement– per-sack cost for any cement approved to be used in oil well plugging per 312 IAC 29-33-5
- LCM Cement additive– one “lost circulation material” per bag cost
- Cal Seal– one “calcium chloride” per sack cost
- Wireline Service Set up– one setup charge allowed per well for the purpose of CIBP, CBL, and perforation activities, including travel time
- Cement Bond Log– where specified on the well plugging plan, a cement bond log will be run to determine presence/depth of cement in annular space
- Perforations– first perforation execution at required depths for applicable top/bottom plug as specified on well plugging plan
- Extra Shots to perforate well– additional perforation execution at required depths when bottom plug perforations have already been executed on the same well during plugging process, or additional top plug perforations to attain circulation on annular side of casing to surface
- Dump Bailer run– cement dump bailer load/run for depositing cement on top of CIBP
- Mobilization– one mobilization charge per project: must include expected travel time for rig, heavy trucks, support trucks, lodging/per diem allowances, and other charges related to getting personnel and

equipment into position in project area. Also includes cost of demobilization of all equipment from project area after completion.

- Roustabout work– personnel billable hours for site clearing and cleanup as needed where personnel is not billing to rig or other equipment
- Welder/Torch– billable hours for all welding and cutting work necessary to proceed with plugging activities
- Performance Bond– cost of bonding based on bid price if bid is over $150,000
- Lined pit/surface pit– each well will require a plastic lined earthen pit or steel surface pit to collect produced fluids from plugging process
- Cast iron bridge plug– where well plugging plan indicates that the well may be flowing, a “cast iron bridge plug” or CIBP will be required at the diameter appropriate to the casing size encountered
- Land/crop damages– damages must be paid to farmer/landowner where losses to live crops may be expected due to the plugging process, includes improvements to surface by statutory requirements
- Rig mat/mud boat– where appropriate depending on the weather and site conditions, approved weight-distributing materials may be used to facilitate equipment access to/from well site
- Extra items– attach additional pages as needed to describe any equipment or materials needed for plugging activities that are not accounted for in previous line items. Please specify why these items are needed in lieu of or in addition to the previous line items. (Examples: fishing tools for 2” tubing collar, 4’ section of 4.5” casing to bring to surface)

UNIT PRICE SHEET

The Contract is based on the following unit prices. The prices are installed, including, but not limited to labor and materials.

ITEM/Activity	BASE BID	COST/UNIT	TOTAL
Bit (including changeovers for whole project)	2	$ /ea	$
Rig Operation (including tubing & labor)	360	$ /hour	$
Rig Operation with Power Swivel (including Mud pump, tubing & labor) or Spudder	108	$ /hour	$
Drill collars (for whole project)	2	$ /ea	$
Tank Truck	126	$ /hour	$
Bulk Truck	90	$ /hour	$
Backhoe/ Mini-Excavator	108	$ /hour	$
Dozer/ Cat	38	$ /hour	$
Winch Truck	10	$ /hour	$
Liquid Oil Field Waste Disposal	500	$ /bbl	$
Cement Pump Truck & set up charge	17	$ /well	$
Cement	2590	$ /sack	$
LCM cement additive	17	$ /sack	$
Cal seal	17	$ /sack	$
Wireline Service Set-up	17	$ /well	$
Cement Bond Log	2	$ /ea	$
Perforations	16	$ /set	$
Extra Shots to perforate well	4	$ /ea	$
Dump bailer run	6	$ /ea	$
Mobilization	1	$ /ea	$
Roustabout work per person	120	$ /hour	$
Welder / Torch	52	$ /hour	$
Performance Bond	1	$ /total	$
Lined pit/surface pit	17	$ /ea	$
Cast iron bridge plug 5.5”	3	$ /ea	$
Land/crop damages	25	$ /acre	$
Rig mat/mud boat	1	$ /day	$

Note: Equipment should only be billed for hours actively in use with an operator.

Cost of Project not to exceed the **TOTAL LUMP SUM BID** **$**_____

Other materials, specialty rental tools, and equipment, as ordered by the division, necessary to complete the required work shall be paid at cost to the CONTRACTOR (invoice required) plus 10% (to defray transportation costs). Fair market value for equipment of value recovered must be reflected as a credit on invoice.

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)* 5/21/2026	Initials KPG
Date Approved *(month, day, year)* 6/8/2026	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: Frank Keck #1 | Well Type: Oil | Permit Number: 11444

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
10.75	118		100

Long String:

Size	Length	Hole	Cement
5.5	2730		250

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 1679

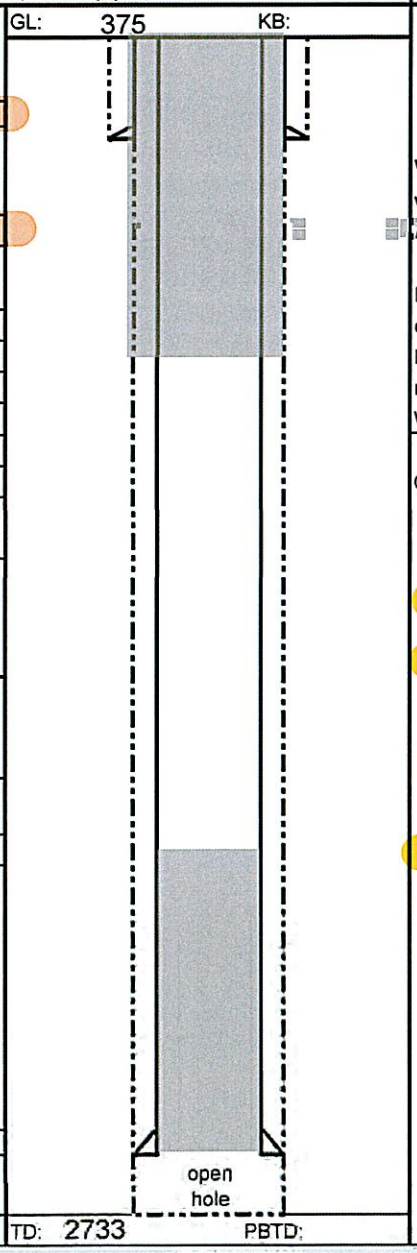
Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 2660 To 2674
From To
From To

Proposed Perforations:
From 305 To 307
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes
Plug #1
Cmt Type Class A Volume 38
Plug #2
Cmt Type Class A Volume 108
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 263
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:

Circulate full 2733-2410

Top Plug:

~~Verify cement on backside~~, perforate as needed to circulate full 313-0'

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: Ervin Leistner #1 | Well Type: Enhanced Recovery | Permit Number: 39980

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 12 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	160		250

Long String:

Size	Length	Hole	Cement
4 1/2	2100		150

Liner / Intermediate Casing:

Size	Length	Hole	Cement
2 3/8	2000		

Estimate top of cement (TOC): 1401

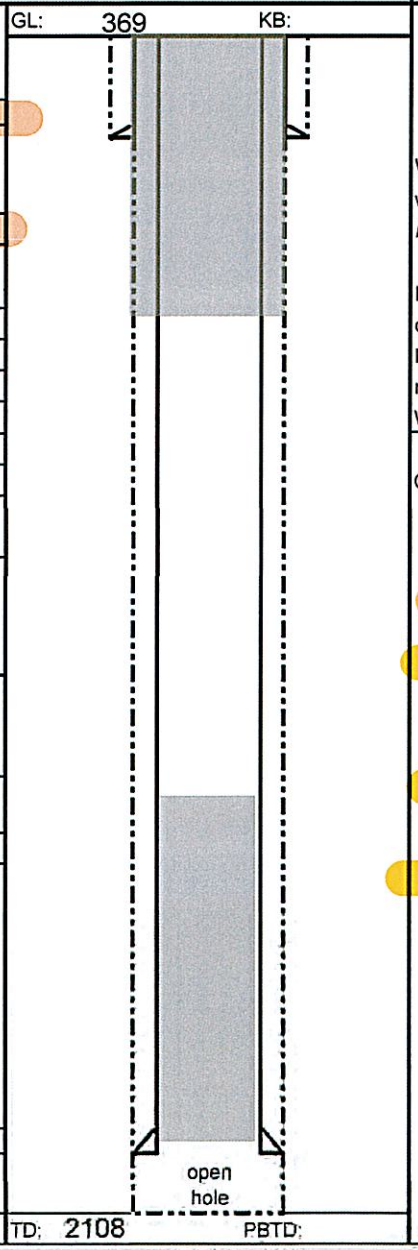
Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 2100 To 2108
From To
From To

Proposed Perforations:
From 295 To 294
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes
Plug #1
Cmt Type Class A Volume +/-20
Plug #2
Cmt Type Class A Volume 85
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 245
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:

Circulate full 2108-1850'

Top Plug:

~~Verify cement on backside~~, perforate as needed to circulate full 295-0'

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: Myzilar Darnell #2A | Well Type: Oil | Permit Number: 10718

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	132		200

Long String:

Size	Length	Hole	Cement
5 1/2	1149		50

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 843

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

Existing Perforations:

From 1158 To 1172
From To
From To

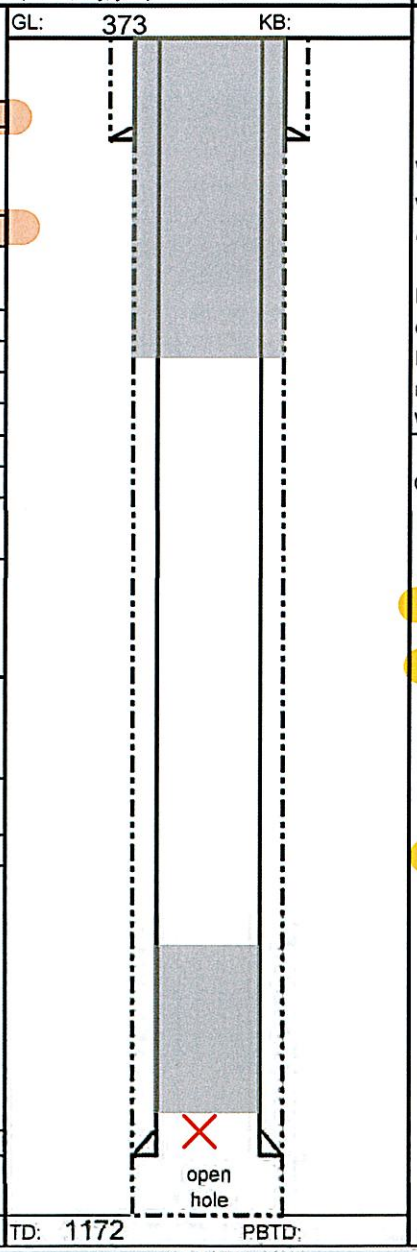
Proposed Perforations:

From 278 To 280
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

Plug #1
Cmt Type CIBP/Class A Volume 1.5sx
Plug #2
Cmt Type Class A Volume 103
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 248

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:

CIBP at 1130' w/1.5sx

Top Plug:

~~XXXX XXXXXX XX XXXXXX~~, perforate as needed to circulate full 298-0'

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: John R Keck #A-1 | Well Type: Enhanced Recovery | Permit Number: 32543

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	160		225

Long String:

Size	Length	Hole	Cement
4 1/2	2704		300

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 764

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

Existing Perforations:

From 1145 To 1154
From To
From To

Proposed Perforations:

From 293 To 292
From To
From To

Proposed Casing to Pull - Amount:

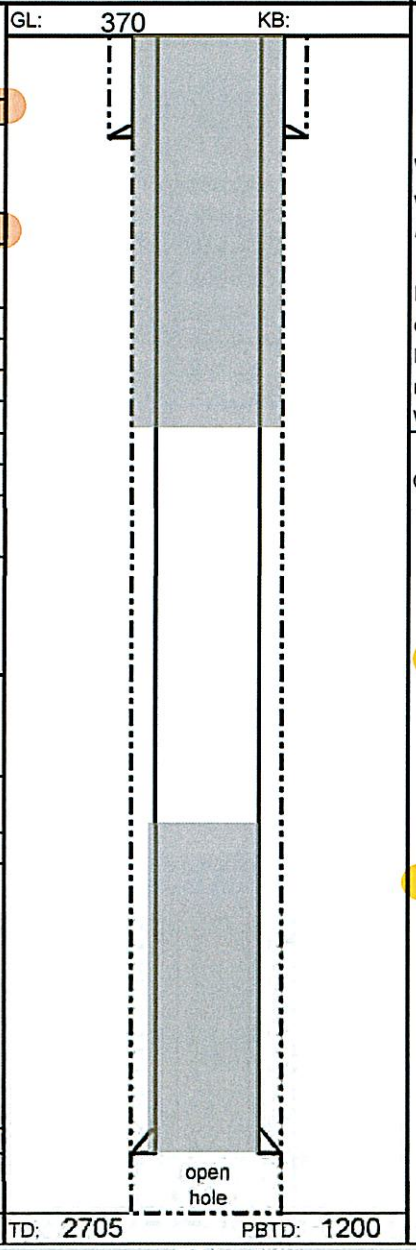
Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume +/-22

Plug #2
Cmt Type Class A Volume 103

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 243
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:

Circulate full 1200-895

Top Plug:

XXXXXXXXXXXXXXXX Verify cement on backside, perforate as needed to circulate full 293-0'

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: Myzilar Darnell #1 | Well Type: Oil | Permit Number: 10188

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	128		200

Long String:

Size	Length	Hole	Cement
5 1/2	1156		100

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 543

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

Existing Perforations:

From 1156 To 1162
From 1162 To 1172
From 1172 To 1177

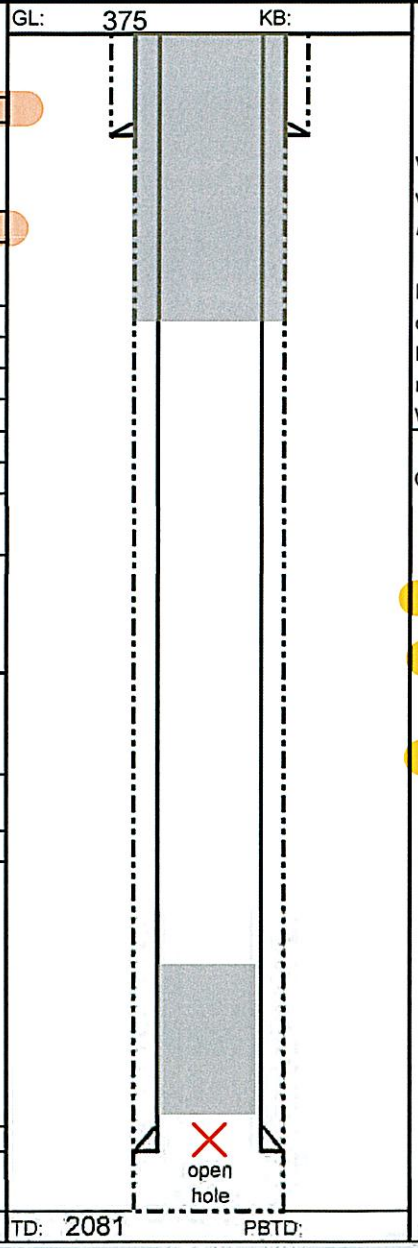
Proposed Perforations:

From 278 To 280
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

Plug #1
Cmt Type CIBP/Class A Volume 1.5sx
Plug #2
Cmt Type Class A Volume 103
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 248

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:

CIBP at 1130' w 1.5sx

Top Plug:

~~Verify cement on backside~~, perforate as needed to circulate full 298-0'

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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PART I GENERAL INFORMATION

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

Lease-Well Number: John Heil #8 | Well Type: Oil | Permit Number: 32289

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 12 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	47		60

Long String:

Size	Length	Hole	Cement
5.5	1748		325

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 314

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

Existing Perforations:

From 1748 To 1755
From To
From To

Proposed Perforations:

From 326 To 324
From To
From To

Proposed Casing to Pull - Amount:

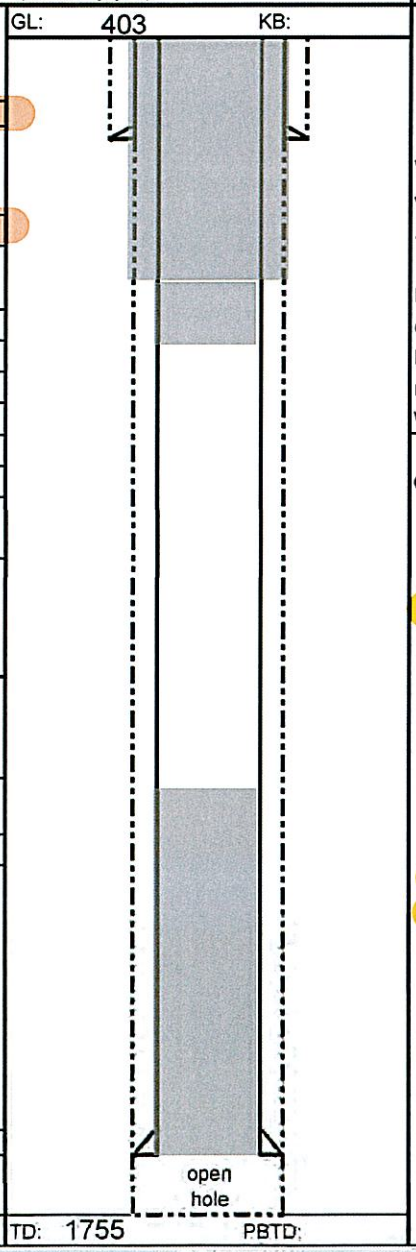
Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume +/-30

Plug #2
Cmt Type Class A Volume 110

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 276
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:

~~Verify cement on backside, perforate as needed~~ to circulate full 1753-1498'

Top Plug:

Verify cement on backside, perforate as needed to circulate full 326-0'

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: Hill #3 | Well Type: Oil | Permit Number: 7341

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
10 3/4	148		135

Long String:

Size	Length	Hole	Cement
5 1/2	1921		

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 1385

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

Existing Perforations:

From 1929 To 1942
From To
From To

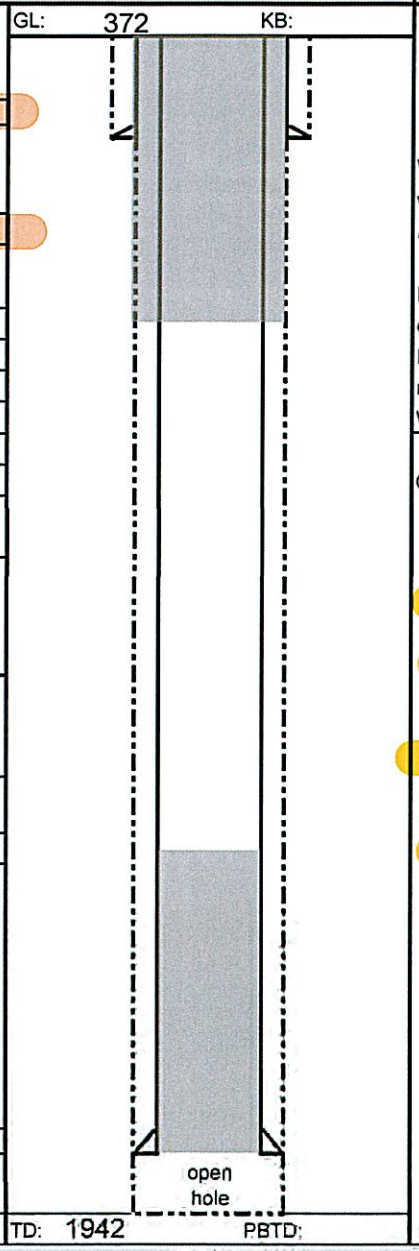
Proposed Perforations:

From 278 To 280
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume 32
Plug #2
Cmt Type Class A Volume 137
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 347
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:

Circulate full 1942-1679

Top Plug:

~~Verify cement on backside~~ perforate as needed to circulate full 397-0'

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: Hill #2 | Well Type: Oil | Permit Number: 30554

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
10.75	123		

Long String:

Size	Length	Hole	Cement
4.5	1151		100

Liner / Intermediate Casing:

Size	Length	Hole	Cement
~~2 5/8~~ 5 1/2"	1120		

Estimate top of cement (TOC): 805

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

Existing Perforations:

From 1153 To 1165
From To
From To

Proposed Perforations:

From 291 To 292
From To
From To

Proposed Casing to Pull - Amount:

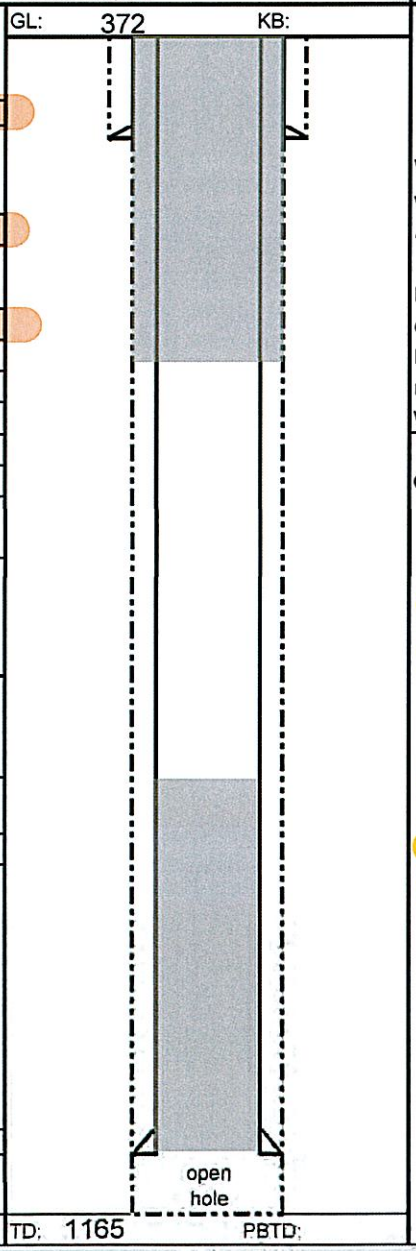
Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume +/-20

Plug #2
Cmt Type Class A Volume 102

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 241
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:

Circulate full 1165-903

Top Plug:

Verify cement on backside, perforate as needed to circulate full 291-0'

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 Modified *(month, day, year)*		Initials	

PART I GENERAL INFORMATION

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

Lease-Well Number: J E Reis #1 | Well Type: Enhanced Recovery | Permit Number: 23770

County: Posey | Scheduled plugging date: *(month, day, year)* | Section: 1 | Township: 7S | Range: 12W | 1/4's:

Surface:

Size	Length	Hole	Cement

Long String:

Size	Length	Hole	Cement
7	1763		125

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 880

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

Existing Perforations:

From 1763 To 1780
From To
From To

Proposed Perforations:

From 335 To 334
From To
From To

Proposed Casing to Pull - Amount:

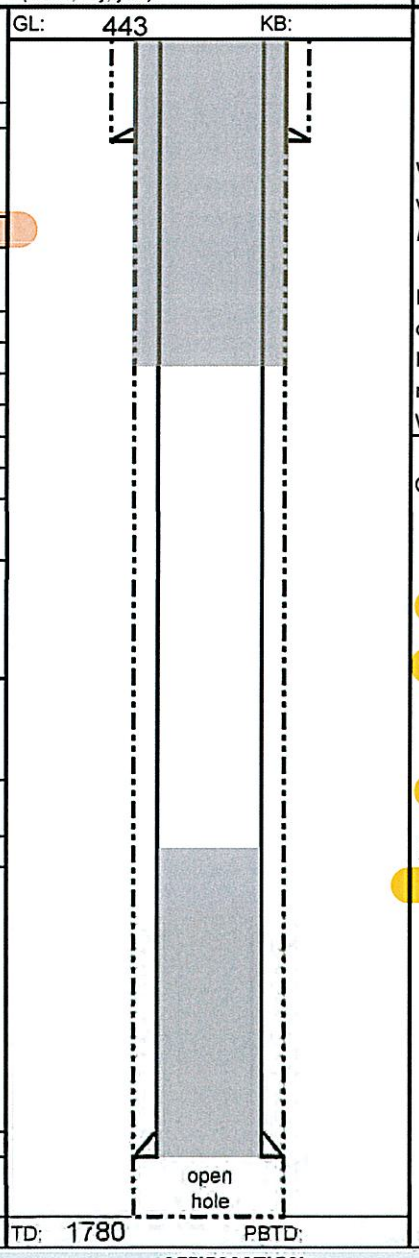
Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume +/-53

Plug #2
Cmt Type Class A Volume 120

Plug #3
Cmt Type Volume

Plug #4
Cmt Type Volume



USDW Depth: 295
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:

Circulate full 1780-1513'

Top Plug:

~~Verify cement at backside~~, perforate as needed to circulate full 345-0'

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: Sophia Dietz #5 | Well Type: Oil | Permit Number: 370

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 1 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
10 3/4	109.5		50

Long String:

Size	Length	Hole	Cement
7	1866		100+185

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): circulated

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

Existing Perforations:

From 1873 To 1883
From 1890 To 1897
From To

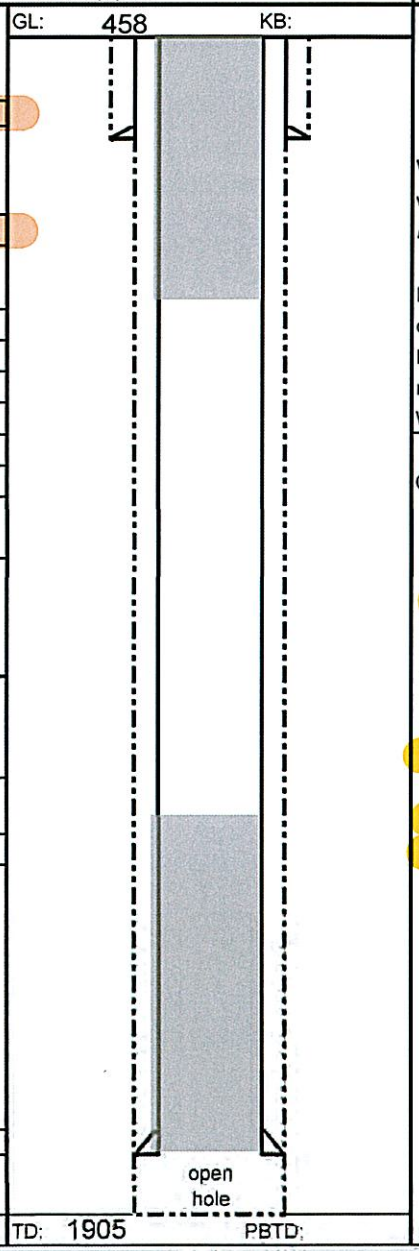
Proposed Perforations:

From 348 To 347
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume 93+/-
Plug #2
Cmt Type Class A Volume 192
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 304
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 as needed to~~ circulate full, 1905-1623

Top Plug:

Verify cement on backside, perforate as needed to circulate full 354-0'

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: S Morehead #2 | Well Type: Enhanced Recovery | Permit Number: 30535

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement

Long String:

Size	Length	Hole	Cement
5 1/2	1170		100

Liner / Intermediate Casing:

Size	Length	Hole	Cement
2 3/8	1137		

Estimate top of cement (TOC): 557

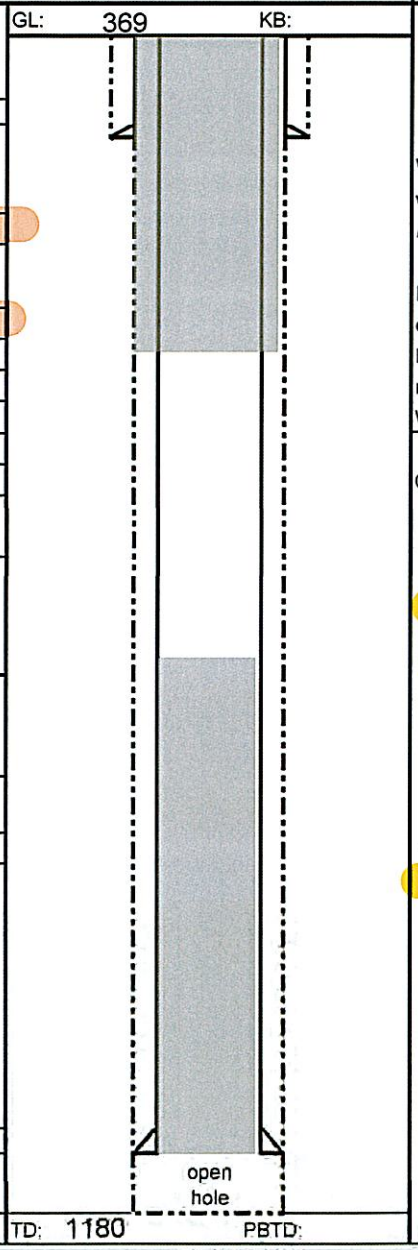
Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 1172 To 1178
From To
From To

Proposed Perforations:
From 283 To 284
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes
Plug #1
Cmt Type Class A Volume +/-30
Plug #2
Cmt Type Class A Volume 56
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 233
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:

Circulate full 1180-922

Top Plug:

~~Verify cement on backside~~, perforate as needed to circulate full 283-0'

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: Hill #W-2 | Well Type: Enhanced Recovery | Permit Number: 16348

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement

Long String:

Size	Length	Hole	Cement
7	1927		75

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 1397

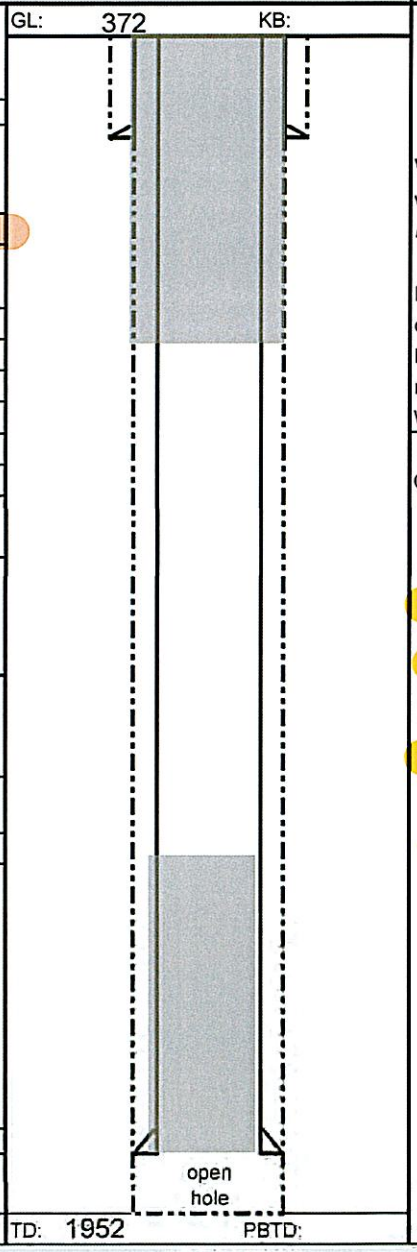
Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 1925 To 1952
From To
From To

Proposed Perforations:
From 338 To 340
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes
Plug #1
Cmt Type Class A Volume 55
Plug #2
Cmt Type Class A Volume 131
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 347
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:

Circulate full 1952-1675

Top Plug:

~~Verify cement on backside~~, perforate as needed to circulate full 397-0'

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: John Marx #2 | Well Type: Oil | Permit Number: 43657

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 30 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
8.625	146		210

Long String:

Size	Length	Hole	Cement
4.5	2798		650

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

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

Existing Perforations:

From 2606 To 2610
From 2070 To 2075
From 1820 To 1823

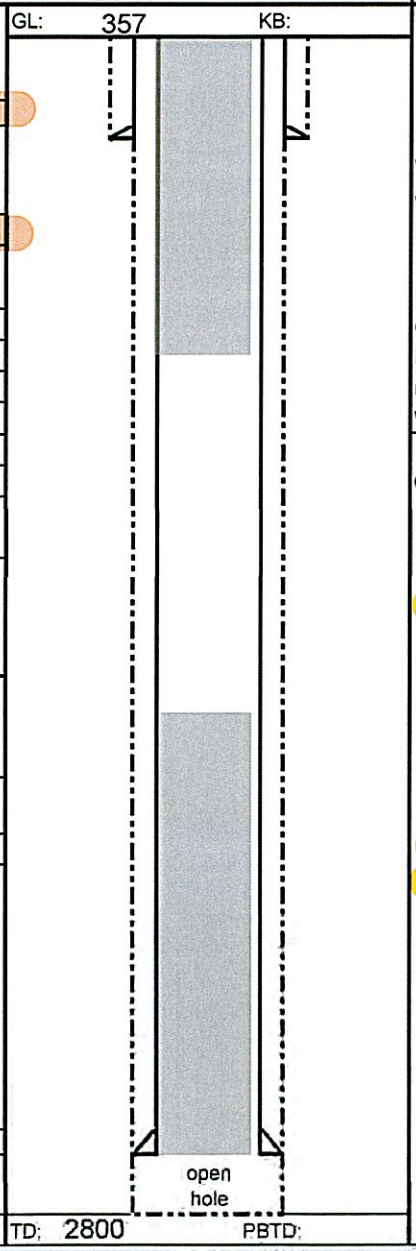
Proposed Perforations:

From To
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume +/-88
Plug #2
Cmt Type Class A Volume 22
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 250
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 plugs:

Circulate full 2800-0570 2660'-1570'

Top Plug:

Verify cement on backside, perforate as needed to circulate full 300-0'

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: Keck Heirs #1 | Well Type: Oil | Permit Number: 30530

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
10	119		

Long String:

Size	Length	Hole	Cement
4 1/2	1271		350

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

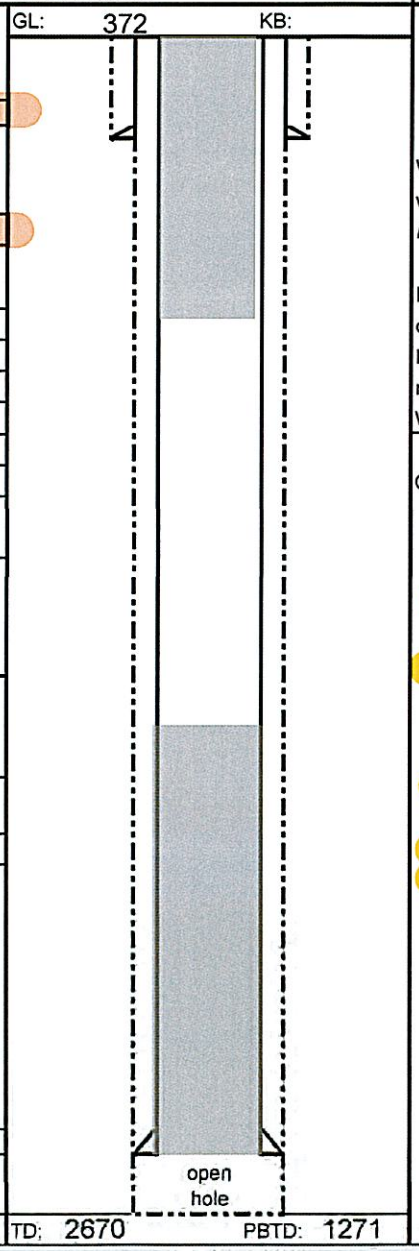
Well Orientation — Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 1178 To 1186
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 Class A Volume +/-22
Plug #2
Cmt Type Class A Volume 21
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 236
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:

Circulate full 1236-928

Top Plug:

Verify cement on backside, perforate as needed to circulate full 286-0'

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)* 5/21/026	Initials KPG
Date Approved *(month, day, year)* 6/1/2026	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: William E Hill #W-1 | Well Type: Enhanced Recovery | Permit Number: 15115

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 18 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
10 3/4"	140'	13 1/4"	175

Long String:

Size	Length	Hole	Cement
7	1936	8 3/4"	175

Liner / Intermediate Casing:

Size	Length	Hole	Cement
5 1/2"	1927'	6 1/2"	130sx

Estimate top of cement (TOC): 882

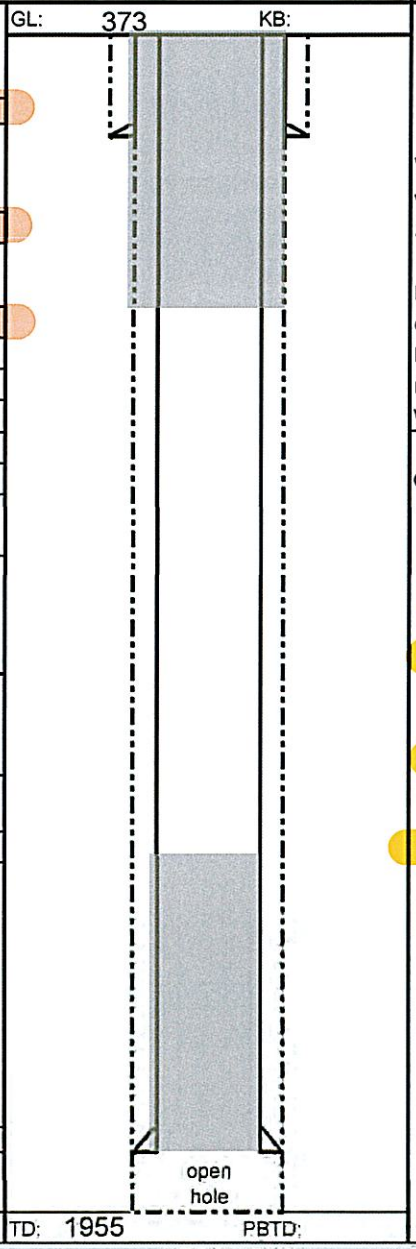
Well Orientation: Vertical: ☑ Yes; Horizontal: ☐ Yes

Existing Perforations:
From 1930 To 1955
From To
From To

Proposed Perforations:
From 290 To 292
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes
Plug #1
Cmt Type Class A Volume 55
Plug #2
Cmt Type Class A Volume 103
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 240
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:

Circulate full 1955-1680

Top Plug:

~~Verify cement on backside~~, perforate as needed to circulate full 290-0'

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: John Marx #1 | Well Type: Oil | Permit Number: 42875

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 30 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
8.625	145		250

Long String:

Size	Length	Hole	Cement
4.5	2798		650

Liner / Intermediate Casing:

Size	Length	Hole	Cement

Estimate top of cement (TOC): 0

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

Existing Perforations:

From 2665 To 2671
From To
From To

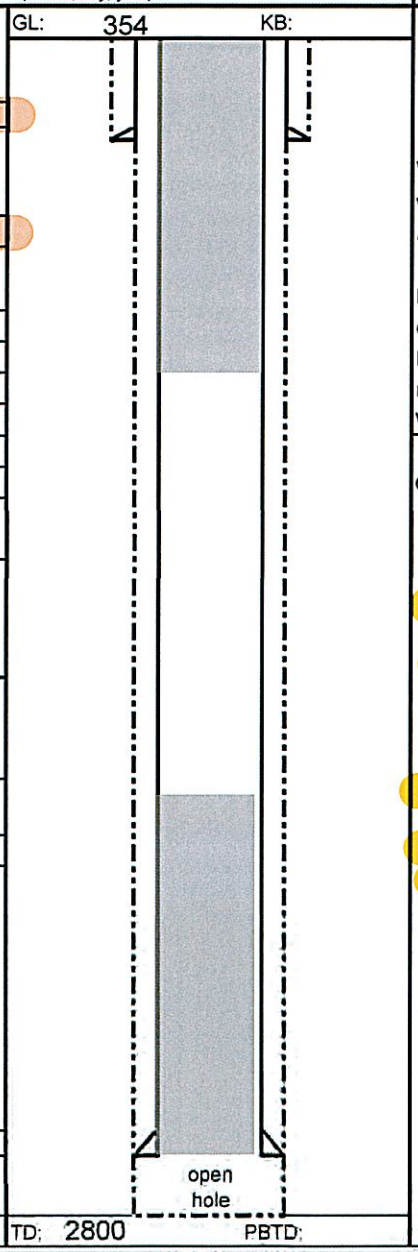
Proposed Perforations:

From To
From To
From To

Proposed Casing to Pull - Amount:

Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume +/-22
Plug #2
Cmt Type Class A Volume 22
Plug #3
Cmt Type Volume
Plug #4
Cmt Type Volume



USDW Depth: 250
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:

Circulate full 2721-2415'

Top Plug:

Verify cement on backside, perforate as needed to circulate full 300-0'

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: John H Schuessler #1B | Well Type: Enhanced Recovery | Permit Number: 28222

County: Posey | Scheduled plugging date: *(month, day, year)* | Section 1 | Township 7S | Range 12W | 1/4's

Surface:

Size	Length	Hole	Cement
8 5/8	108		90

Long String:

Size	Length	Hole	Cement
4 1/2	1862		125

Liner / Intermediate Casing:

Size	Length	Hole	Cement
2 3/8	1840		

Estimate top of cement (TOC): 1064

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

Existing Perforations:
From 1862 To 1870
From To
From To

Proposed Perforations:
From 305 To 306
From To
From To

Proposed Casing to Pull - Amount:

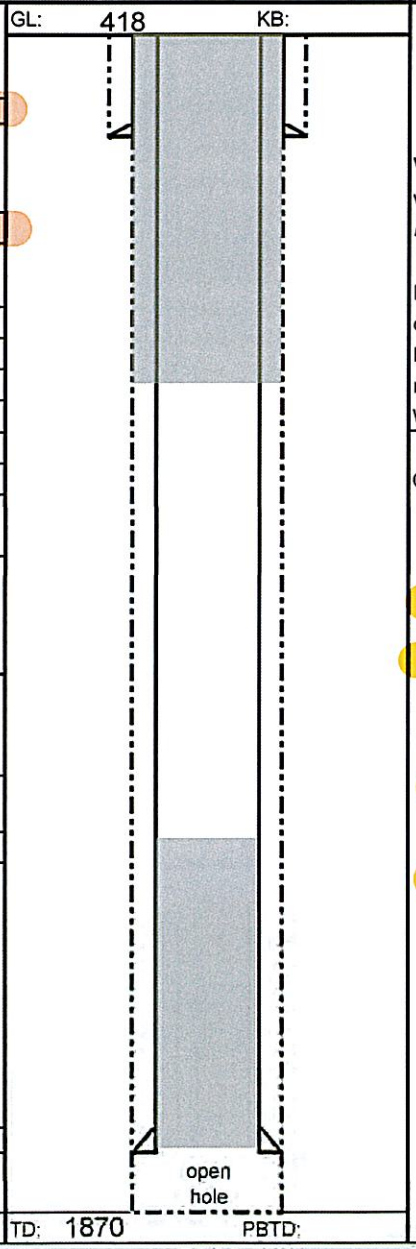
Proposed cement types and volumes

Plug #1
Cmt Type Class A Volume +/-46

Plug #2
Cmt Type Class A Volume 69

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:

Circulate full 1870-1612'

Top Plug:

Verify cement to backside, perforate as needed to circulate full 342'-0'

PART II **AFFIRMATION**

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

Cement ▬ CIBP ☒ Packer ☒ Spacer