8000-FM-OOGM0005 Rev. 11/2024
Form

Pennsylvania
Department of
Environmental Protection

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

NOTICE OF INTENTION BY WELL OPERATOR TO PLUG A WELL

☒ Well Operator ☐ Coal Operator	OGO No.	U.S. Well No. (Permit / Reg)	Date Drilled (If known)
	68607	37-063-33289	8/19/2003

Name			Well Farm Name	
Roulette Oil and Gas LLC			HP Johnson	
Address		Telephone No.	Well No.	Well Serial No.
1034 Route 44		716-378-4653	2 - 156A	
City	State	Zip Code	County	
Shinglehouse	PA	16748	Indiana	
☐ Agent (contractor) acting on behalf of the operator named above.			Municipality	
			Black Lick Twp	
Address		Telephone No.	Latitude (DD)	Longitude (DD)
			40.51884	- 79.225314
City	State	Zip Code	*Attach well record if not previously submitted.*	

Complete this section if applicable. Prior to abandoning any well in an area underlain by a workable coal seam, the well operator or owner shall notify the coal operator, lessee, or owner of the intention to plug and abandon the well, and shall submit a plat showing the location and affix the date and time at which the work of plugging will commence.

Coal: ☐ Operator ☐ Owner ☐ Lessee	Coal: ☐ Operator ☐ Owner ☐ Lessee	Coal: ☐ Operator ☐ Owner ☐ Lessee
Name	Name	Name
Address	Address	Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Telephone No. Notified? ☐Yes ☐No	Telephone No. Notified? ☐Yes ☐No	Telephone No. Notified? ☐Yes ☐No
This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. *Signature:*	This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. *Signature:*	This Party hereby waives the rights to be notified of the date and time before plugging work will begin and to be present at the plugging of this well. *Signature:*

Scheduled Date and Time of Plugging

Plugging is scheduled to begin on *(date)* 7/2/2025 at *(time)* 8:00 AM

☐ **CHECK BLOCK IF THIS WELL IS BEING PLUGGED PERSUANT TO MINE THROUGH STANDARDS OF ACT 214 of 1984 (REVISED 2011) AND the 2012 Oil & Gas Act.**

Checklist and Additional Attached Information

- ☐ Location Plat
- ☐ Current Well Record
- ☐ Available Well Record
- ☐ Application for Approval of Alternate Method of Plugging
- ☐ Mine - Through
- ☐ Other, describe:

Signature of Applicant (Operator or Agent)

Signature [signature] Date 6-6-25

Print or Type Signer's Name and Title

James Reynolds, Managing Partner