

VIRGINIA DEPARTMENT OF ENERGY COAL MINE SAFETY

3405 MOUNTAIN EMPIRE ROAD BIG STONE GAP, VIRGINIA 24219 (276) 523-8100

PLUGGING AFFIDAVIT

Company Name:						Date:	Date:		VVH Number:		
Address:	:					Location:		I			
City: Stat			State: VA		ZIP: County			Office Phone Number:			
Plugging Date tha			olugging	began:		Da	nte that plugging	g or replugging wa	as finished:		
Plugging	g Details	s (Use ba	ack and	attach	additiona	l sheets as necess	sary. Attach he	ole schematic on	separate sheet.):		
Inter Fro m	rval To	Formation(s)		Plugging	Filling	Bridge	Open Hole	Casing Size	Filled Liner		
I certify t ventilatio	hat I an	n experier I also ce	nced in w rtify that Regulation	vell plu the we ons Go	gging and	was plugged in the	I in the plugging the manner detai	g or re-plugging of led above and that ing Near Gas Wel	t a permanent mar ls:		
			Print 1	Name				I	Print Name		
	Signature			Date	-	Signature		Date			
Notary:											
					• •	, in and for the		(County of the Con	nmonwealth of	
Virginia,	this		day o	1			·				
My Con	nmissio	n Expires	s:			Notary S	Signature:				



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Interval								
Fro	To							
m		Formation(s)	Plugging	Filling	Bridge	Open Hole	Casing Size	Filled Liner



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(Attach additional sheets as necessary):

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