



# PLUGGING AFFIDAVIT

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINES  
PO DRAWER 900  
BIG STONE GAP, VIRGINIA 24219  
(276) 523-8100

Company Name:			Date:	VVH Number:
Address:			Location:	
City:	State: VA	ZIP:	County	Office Phone Number:

### Plugging Information:

Date that plugging or replugging began: \_\_\_\_\_ Date that plugging or replugging was finished: \_\_\_\_\_

### Plugging Details (Use back and attach additional sheets as necessary. Attach hole schematic on separate sheet.):

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

### CERTIFICATION (two persons are required to complete the plugging affidavit):

I certify that I am experienced in well plugging and that I participated in the plugging or re-plugging of the referenced vertical ventilation hole. I also certify that the well or VVH was plugged in the manner detailed above and that a permanent marker has been placed as required by the Regulations Governing Vertical Ventilation Holes and Mining Near Gas Wells:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature                                  Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature                                  Date

### Notary:

Subscribed and sworn to before me, a notary public, in and for the \_\_\_\_\_ County of the Commonwealth of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_ Notary Signature: \_\_\_\_\_



# PLUGGING AFFIDAVIT

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINES  
PO DRAWER 900  
BIG STONE GAP, VIRGINIA 24219  
(276) 523-8100

Company Name:			Date:	VVH Number:
Address:			Location:	
City:	State: VA	ZIP:	County	Office Phone Number:

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

(Attach additional sheets as necessary):