

WW-80  
7-01

Date: \_\_\_\_\_ 20 \_\_\_\_\_  
Operator Well Number. \_\_\_\_\_  
API Well Number 47- \_\_\_\_\_ - \_\_\_\_\_

Plan of Operation for the Flaring of Natural Gas Under WV Code 22-6-31

Well Operator:	Designated Agent:
Address:	Address::
Location:	
County:	District:
Quadrangle:	Watershed:
Number of Acres in Lease:	

Purpose of Flaring:

Is gas to be flared associated to the production of Oil? \_\_\_\_\_

Volume of Gas to be flared. \_\_\_\_\_

Time period (days ) in which gas is to be flared and why? \_\_\_\_\_

Flaring Operations

Hours per day that the well is to be flared \_\_\_\_\_

Person supervision the flaring operations: \_\_\_\_\_

Phone No. \_\_\_\_\_

**Note this form shall be submitted along with Form WR-36 "Gas Oil Ratio Test"**

OFFICE USE ONLY
This plan is approved subject to the following modification on this day of _____, 20 ____.
Modifications: _____
_____
_____
_____
_____ Chief Office of Oil and Gas