

WR-99  
(Rev. 12-15)

**STATE OF WEST VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
OFFICE OF OIL AND GAS**

**ANNUAL WELL INSPECTION CERTIFICATION FORM**

DATE: \_\_\_\_\_

INSPECTION FOR YEAR ENDING: \_\_\_\_\_

WELL OPERATOR ID NUMBER: \_\_\_\_\_

WELL OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, having been first sworn according to law, state that an inspection was conducted of each unplugged well in accordance with WV Legislative Rule § 35-4-11.6, or § 35-8-9.2.j. Any evidence of significant leakage or other indications of casing integrity failure has been reported to the Office of Oil and Gas and appropriate measures to eliminate or mitigate the leakage has taken place.

Signature \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_,  
TO-WIT:

Given under my hand this \_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires: \_\_\_\_\_

(NOTARIAL SEAL)

\_\_\_\_\_  
NOTARY PUBLIC