# WORK PERMIT
## State of Louisiana / Office of Conservation
## Engineering Division

| | | | | |
|---|---|---|---|---|
| | Work Permit No. | | | |
| Operator's Name and Address: | | Serial Number : | | |
| | | Operator Code: | | |
| Well Name and Number: | | Phone ( ) | | |
| | | Fax ( ) | | |
| Field: ( ) | Parish: ( ) | Sec. | Twp. | Rng. |

| DESCRIPTION OF WORK | |
|---|---|
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| Sand & Reservoir to be Tested: | TD: |
| Verbal Work Permit Approved on: ; engineer's initials/name: | |
| Permit Requested By: **(Type Name)** | Phone ( ) |
| Signature: | Date |
| Permit Authorized By: | Date |

INSTRUCTIONS

A single application will suffice for one, or combinations of, the operations below provided that if more than one operation is requested on one form, such work must be performed consecutively. If additional applications for Work Permits are necessary on any one well, each should be numbered 1, 2, etc. in the order requested. An original and one copy of this form will suffice for all work with exception of plug and abandon, for which an original and two copies are required.

| | |
|---|---|
| 1. Plug and Abandon (Provide Well Schematic ) | 7. Pull Casing |
| 2. Deepen | 8. Change Zone of Selective Completion |
| 3. Perforate | 9. Sidetrack New BHL (Existing Well) |
| 4. Squeeze | 10. Deepen (Drilling) |
| 5. Plugback | 11. Deepen (Existing Well) |
| 6. Sidetrack (Drilling) | 12. Acidize / Stimulate |
| 13. Repair (Except ordinary maintenance ops) | 14. Hydraulic Fracture Stimulation |

Mail all Work Permits to the District where the well is located:

Office of Conservation
24 Accent Drive, Suite 104
Monroe, La. 71202
318-362-3111

Office of Conservation
1525 Fairfield Ave, Ste 668
Shreveport, La. 71101-4388
318-676-7585

Office of Conservation
825 Kaliste Saloom Rd.
Brandywine III, Ste 220
Lafayette, La. 70508-4281
337-262-5777

Contact the District Office at the number above AND the Conservation Enforcement Specialist at least 12 Hours prior to commencement of work. <u>If operations have not commenced within one (1) year of the issuance date, this work permit shall expire.</u>

**FORM DM-4R Rev. (10/11)**