STATE OF LOUSIANA
OFFICE OF CONSERVATION
FORM APCC - APPLICATION FOR PLUGGING CREDIT

SERIAL NO. _____

FIELD _____

OPERATOR _____ OSR COOP NO. _____

WELL NAME & NO. _____

PLEASE SELECT ONE OF THE FOLLOWING

☐ Plugging and site restoration of an orphan well after 8/1/2016 – 1 Credit

☐ Plugging and site restoration of a well that has been inactive for a minimum of five (5) years on or after 8/1/2016 – ½ Credit

PLUGGING INFORMATION:

Total Depth (TVD) _____

Plug-back Depth (TVD) _____

Field Name _____

Location Type _____

That on the basis of this application, I, _____, have concluded that to the best of my information, knowledge and belief, the well in question has been plugged and abandoned and the respective site has been restored in accordance with Statewide Order 29-B (LAS- R.S. 30:4 et seq) and qualifies for a plugging credit in accordance with Act 526 and Act 634 of the 2016 Regular Session and that I have no knowledge of any other information which is inconsistent with this conclusion.

Signed _____ Date _____

Print Name _____

OFFICE OF CONSERVATION USE ONLY

☐ Approved SN of Well Credit Applied to _____

☐ Denied Expiration Date _____

Maximum TD (TVD) Allowed _____

Issuing Authority _____ Date _____