

**STATE OF LOUISIANA
OFFICE OF CONSERVATION**

**APPLICATION FOR WELL STATUS DETERMINATION
(DEEP WELL)**

SERIAL NO. _____
FIELD _____
OPERATOR _____
WELL NAME & NO. _____
APPLICATION DATE _____

AFFIDAVIT

STATE OF _____
PARISH (COUNTY) OF _____

BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the State and Parish (County) aforesaid, personally came and appeared _____, who, being by me first duly sworn, deposed and said:

That he / she is the (Title) _____ of (Applicant) _____, applicant for Serial No. _____, and in that capacity he/she is requesting the Commissioner of Conservation of the State of Louisiana to determine the status of said well pursuant to Act 2 of the 1994 Regular Session. (R.S. 47:633 et seq)

That the well commenced production on _____ (Attach Form WH-1)

That the well has been drilled below 15000' true vertical depth. (Attach Form COMP and directional survey if applicable)

That the cost of completing the well to the commencement of production is _____ (Attach completed **Form STRP-WCS** (Well Cost Statement))

That on the basis of the documents submitted in this application, he/she has concluded that to the best of his/her information, knowledge and belief, the well in question qualifies a Deep Well and that he/she has no knowledge of any other information which is inconsistent with his/her conclusion.

Signed: _____

Subscribed in my presence and duly sworn to before me, this _____ day of _____

Notary Public

My commission expires: _____

OFFICE OF CONSERVATION USE ONLY

Approved Signed: _____

Denied Date: _____

Invoice No.: _____ Payment Date: _____