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) ____________________________, 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: ______________________________
Date: ________________________________
Invoice No.: ________________________
Payment Date: ________________________

[ ] Denied

STRP - DW
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