

STRP-IA Application Instructions

1 Print on legal size paper.

2 Mail To:

Office of Conservation
P.O. Box 94275
Baton Rouge, LA 70804-9275
Attn.: Permits Section

3 Include:

A cover letter with contact and destination information for the evaluated form.

NOTES:

The well must have thirty days or less production for two consecutive years during the qualifying period to qualify.

Wells that did have production but less than thirty days must include a list of the days that the well did produce.

Wells that did not produce at all for a two year period will have no other attachments other than the cover letter mentioned above.

The reduced rate period shall begin on the first occurrence of production after the qualifying period or ninety days after the application is received in our office, whichever occurs first.

[See May 4, 2018 guidance memorandum for qualification information.](#)

**STATE OF LOUISIANA
OFFICE OF CONSERVATION**

**APPLICATION FOR WELL STATUS DETERMINATION
(IA - TWO YEAR, SIMILAR PERFORATION INACTIVE WELL)**

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

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 LSA - R.S. 47:633 et seq.

PLEASE SELECT ONE OF THE FOLLOWING:

The well did not produce in the two year period shown below:

The qualifying period must end between August 1, 2017 and June 30, 2023.

The well produced no more than thirty (30) days in the two year period shown below:

Attach a list of the day(s) the well produced during this period.
The qualifying period must end between August 1, 2017 and June 30, 2023.

Last producing perforations: _____

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 as an Inactive Well in accordance with Act 421 of the 2017 Regular Session and that he/she has no knowledge of any other information which is inconsistent with his/her conclusion.

This certification is valid for perforations in the wellbore 100' (measured depth) above and/or below the last producing interval for lease wells, or is limited to the correlative defined interval of the last producing interval for unit wells. The reduced rate is applicable 10 years from from the date production begins after the qualifying period or 90 days from the date of application, whichever occurs first.

Signed: _____

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

Notary Public
My commission expires: _____

OFFICE OF CONSERVATION USE ONLY		
<input type="checkbox"/>	Approved	Signed _____
<input type="checkbox"/>	Denied	Date _____
		Invoice # _____