

## STRP-OW 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 been orphan a minimum of five consecutive years and acquired by an operator during the qualifying period to qualify.

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  
(OW - FIVE YEAR, SIMILAR PERFORATION ORPHAN 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.

The well was orphan effective the following time period:

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

Last producing perforations: \_\_\_\_\_

That on the basis of this application, he/she has concluded that to the best of his/her information, knowledge and belief, the well in question qualifies as a five-year Orphan 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: \_\_\_\_\_

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