

**STATE OF LOUISIANA  
OFFICE OF CONSERVATION**

**APPLICATION FOR WELL STATUS DETERMINATION  
(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 CHECK THE ITEM THAT APPLIES)**

- The well did not produce in the two year period shown below:  
\_\_\_\_\_  
*The qualifying period must end between July 1, 2002 and June 30, 2010.*
- 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 July 1, 2002 and June 30, 2010.*

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 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	
<input type="checkbox"/>	Approved      Signed _____
<input type="checkbox"/>	Denied        Date _____