

MD-10-R-A-1

Conservation (E and G) > Wells >
Amend Permit to Drill

Application to Amend Permit to Drill
for Minerals

This form is used to change:

- Parish
- Field
- Well number
- SWD (Injection and Mining)
- Operator
- Location
- Lease to Unit
- Unit to Lease
- Unit to Unit
- Lease to Lease
- Any combination of the above. I.e. Lease to Lease, Unit to Unit, Well Number, operator, and a location change can all be changed by one.

Any modifications to data via an amendment should be noted on the amendment form or LT1 (ie, depth correction; items not on form). If appropriate Action or change is not noted on form, return to Engineer to verify change is warranted.

FORM MD-10-R-A-1 (01/2008)

STATE OF LOUISIANA
OFFICE OF CONSERVATION FORM MD-10-R-A-1
APPLICATION TO AMEND PERMIT TO DRILL FOR MINERALS
TYPE ONLY - FILE IN DUPLICATE
(Print on PINK paper)

CURRENT		SERIAL NUMBER: _____	
DATE OF APPLICATION: _____		EFF DATE OF CHANGE: _____	
PARISH: _____		CODE NO. _____	
FIELD: _____		CODE NO. _____	
OPERATOR: _____		CODE NO. _____	
ADDRESS: _____			

WELL NAME: _____ No. _____			
LOCATION: Section: _____ Township: _____ Range: _____			
<div style="border: 1px solid black; width: 100%; height: 40px; margin: 0 auto;"></div>			
ACTION: <input type="checkbox"/> PARISH <input type="checkbox"/> FIELD <input type="checkbox"/> OPERATOR <input type="checkbox"/> LEASE TO UNIT <input type="checkbox"/> UNIT TO UNIT <input type="checkbox"/> WELL NO. <input type="checkbox"/> SWD <input type="checkbox"/> LOCATION <input type="checkbox"/> UNIT TO LEASE <input type="checkbox"/> LEASE TO LEASE			
CURRENT PRODUCT: <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER: _____			
COMPLETION ZONE: _____			
APPLICABLE CONSERVATION ORDERS: _____			
FOR ADDITIONAL INFORMATION, CONTACT: _____			
Phone No.: _____			
SUBMITTED BY: _____			
TYPED NAME AND TITLE			
SIGNATURE: _____			
APPLICANT'S REPRESENTATIVE SIGNATURE			
Phone No.: _____			
FORMERLY			
WELL NAME: _____		No. _____	
OPERATOR: _____		CODE NO. _____	
PARISH: _____		CODE NO. _____	
FIELD: _____		CODE NO. _____	
SUBMITTED BY: _____			
TYPED NAME AND TITLE			
SIGNATURE: _____			
FORMER OPERATOR REPRESENTATIVE			
Phone No.: _____		Date: _____	
OFFICE USE ONLY		OFFICE USE ONLY	
DISTRICT APPROVAL: _____		DATE: _____	
DISTRICT MANAGER			
ISSUED BY: _____		DATE: _____	
ISSUING AUTHORITY			
FORM MD-10-R-A-1 (01/2008)			