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 July 1, 2018 and June 30, 2028.

☐ 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, 2018 and June 30, 2028.

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 695 of the 2024 Regular Sesson 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

☐ Approved

☐ Denied

Signed _____

Date _____

Invoice # _____

STRP - IA
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