PRINT

DIVISION OF MINERAL RESOURCES

APPLICATION FOR PERMIT TO DRILL, DEEPEN, PLUG BACK OR CONVERT A WELL SUBJECT TO THE OIL, GAS AND SOLUTION MINING LAW

NEW YORK STATE | Department of Environmental Conservation

This application is a legal document. Read the applicable affirmation and signature carefully before signing.
For instructions on completing this form, visit the Division's website or contact your local Regional office.
PRINT OR TYPE IN BLACK INK. THIS DOCUMENT SHOULD BE PRINTED ON LEGAL SIZE PAPER.

PLANNED OPERATION: (Check one)
☐ Drill ☐ Deepen ☐ Plug Back ☐ Convert ☐ Sidetrack

TYPE OF WELL: (Check one) **Existing API Well Identification Number**
☐ New ☐ Existing 31- ☐☐☐ - ☐☐☐☐☐ - ☐☐

TYPE OF WELL BORE: (Check one)
☐ Vertical ☐ Directional ☐ Horizontal

NAME OF OWNER (Full Name of Organization or Individual as registered with the Division) | TELEPHONE NUMBER (include area code) ☐☐☐ ☐☐☐-☐☐☐☐

ADDRESS (P.O. Box or Street Address, City, State, Zip Code)

NAME AND TITLE OF LOCAL REPRESENTATIVE WHO CAN BE CONTACTED WHILE OPERATIONS ARE IN PROGRESS

ADDRESS–Business (P.O. Box or Street Address, City, State, Zip Code) | TELEPHONE NUMBER (include area code) ☐☐☐ ☐☐☐-☐☐☐☐

ADDRESS–Night, Weekend and Holiday (P.O. Box or Street Address, City, State, Zip Code) | TELEPHONE NUMBER (include area code) ☐☐☐ ☐☐☐-☐☐☐☐

WELL LOCATION DATA (attach plat)

COUNTY | TOWN | FIELD/POOL NAME (or "Wildcat")

WELL NAME | WELL NUMBER

7 ½ MINUTE QUAD NAME | QUAD SECTION | PROPOSED TARGET FORMATION

LOCATION DESCRIPTION	TVD	TMD	Decimal Latitude (NAD83)	Decimal Longitude (NAD83)
Surface			☐☐.☐☐☐☐☐☐	☐☐.☐☐☐☐☐☐
Kickoff			☐☐.☐☐☐☐☐☐	☐☐.☐☐☐☐☐☐
Top of Target Interval			☐☐.☐☐☐☐☐☐	☐☐.☐☐☐☐☐☐
Bottom of Target Interval			☐☐.☐☐☐☐☐☐	☐☐.☐☐☐☐☐☐
Bottom Hole			☐☐.☐☐☐☐☐☐	☐☐.☐☐☐☐☐☐

PROPOSED WELL DATA

WELL TYPE | PLANNED DATE OF COMMENCEMENT OF OPERATIONS

SURFACE ELEVATION (check how obtained) _____ ft. ☐ Surveyed ☐ Topo Map ☐ Other _____ | TYPE OF TOOLS

NAME OF PLANNED DRILLING CONTRACTOR (as registered with the Division) | TELEPHONE NUMBER (include area code)

PROPOSED SPACING DATA

WELL SPACING TYPE (subject to Article 23, Title 5) ☐ Title 5 ☐ Non-Title 5 | TYPE OF UNIT (conforms to spacing under either Title 5 or Part 553) ☐ Conforming ☐ Non-Conforming | NUMBER OF ACRES IN UNIT

ACREAGE CONTROLLED IN UNIT ☐ 100% ☐ ≥ 60% AND <100% | ACREAGE CONTROLLED IN BORE HOLE (throughout entire hole) ☐ Yes ☐ No | STATE LANDS (leased or unitized)

DEPARTMENT USE ONLY

APD NUMBER | BOND NUMBER | RECEIPT NUMBER

PERMIT FEE | API WELL IDENTIFICATION NUMBER 31- | DATE ISSUED

WELL NAME	WELL NUMBER	NAME OF OWNER

PROPOSED CASING AND CEMENTING DATA

CASING DATA

Feature	Size (in.)	Top (ft.)	Bottom (ft.)	Weight (lbs.)	New Pipe	Comments

Feature	Top (ft.)	Bottom (ft.)	Volume ($ft.^3$)	Cement Class (includes excess)*	No. of Sacks*	Weight (PPG)	Yield ($ft.^3$/sx)	Vol. ($ft.^3$)*	Comments

AFFIRMATION AND SIGNATURE

A. For use by individual:

By the act of signing this application:

(1) I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief; and that I possess the right to access property, and drill and/or extract oil, gas, or salt, by deed or lease, from the lands and site described in the well location data section of this application. I am aware any false statement made in this application is punishable pursuant to Section 210.45 of the Penal Law.

(2) By signing this form, I acknowledge that DEC staff has the right to enter upon and pass through the property where the well subject to this application is located for the purposes of inspection of the well and, to the extent necessary, areas adjacent to the well site. I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect the site, without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at the site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the well and adjacent areas remains in effect as long as the well is regulated by DEC. I am aware that any false statement made in this application is punishable pursuant to Section 210.45 of the Penal Law.

(3) I acknowledge that if the permit requested to be issued in consideration of the information and affirmations contained in this application is issued, as a condition to the issuance of that permit, I accept full legal responsibility for all damage, direct or indirect, of whatever nature and by whomever suffered, arising out of the activity conducted under authority of that permit; and agree to indemnify and hold harmless the State, its representatives, employees, agents, and assigns for all claims, suits, actions, damages, and costs of every name and description, arising out of or resulting from the permittee's undertaking of activities or operation and maintenance of the facility or facilities authorized by the permit in compliance or non-compliance with the terms and conditions of the permit.

_____

Printed or Typed Name of Individual

The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this application.

_____ _____

Signature of Individual Date

B. For use by organizations other than an individual:

By the act of signing this application:

(1) I affirm under penalty of perjury that I am _____ (title) of _____ (organization); that I am authorized by that organization to make this application; that this application was prepared by me or under my supervision and direction, is true to the best of my knowledge and belief; and that the afore named organization possesses the right to access property, and drill and/or extract oil, gas, or salt by deed or lease, from the lands and site described in the well location data section of this application. I am aware any false statement made in this application is punishable pursuant to Section 210.45 of the Penal Law.

(2) By signing this form, I acknowledge that DEC staff has the right to enter upon and pass through the property where the well subject to this application is located for the purposes of inspection of the well and, to the extent necessary, areas adjacent to the well site. I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect the site, without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at the site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the well and adjacent areas remains in effect as long as such well is regulated by DEC. I am aware that any false statement made in this application is punishable pursuant to Section 210.45 of the Penal Law.

(3) _____ (organization); acknowledges that if the permit requested to be issued in consideration of the information and affirmations contained in this application is issued, as a condition to the issuance of that permit, it accepts full legal responsibility for all damage, direct or indirect, of whatever nature and by whomever suffered, arising out of the activity conducted under authority of that permit; and agrees to indemnify and hold harmless the State, its representatives, employees, agents, and assigns for all claims, from suits, actions, damages, and costs of every name and description, arising out of or resulting from the permittee's undertaking of activities or operation and maintenance of the facility or facilities authorized by the permit in compliance or non-compliance with the terms and conditions of the permit.

_____

Printed or Typed Name of Authorized Representative

The use of an electronic signature below indicates the signer's intent to sign the document and is the legal equivalent of having placed a handwritten signature on this application.

_____ _____

Signature of Authorized Representative Date