

**STATE OF LOUISIANA
OFFICE OF CONSERVATION**

**APPLICATION FOR WELL STATUS DETERMINATION
(NEW DISCOVERY WELL)**

SERIAL NO. _____
FIELD _____
OPERATOR _____
WELL NAME & NO. _____
APPLICATION DATE _____

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: (NAME)

That he / she is the _____ of _____ (TITLE) _____, applicant for Serial No. _____, and in that capacity (APPLICANT) (SN) 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. 47:648 et seq.

That the well was spud on _____.

That the well commenced production on _____.
(Attach Form WH-1.)

That the cost of completing the well to the commencement of production is _____.
(Attach Form STRP-WCS)

That the drilling operator employed Louisiana residents to the maximum extent possible during the exploration and production activities connected with the well.

That the well has been recognized as a new discovery by the Office of Conservation.
(Attach the Conservation Order recognizing the new reservoir or a letter designating a new field discovery.)

That on the basis of the documents submitted in this application, he/she has concluded that to the best of his/her information and belief the well in question qualifies as a New Discovery 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 _____ (DAY) _____, _____ (MONTH) _____ (YEAR).

Notary Public

My commission expires: _____

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