



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Oil & Gas Management Program

832711

DEP USE ONLY	
Auth # 1201490	APS # 952100
Site # 433907	PF # 430279
Client # 304679	SF # 1013077

Application for Inactive Well Status

Well Operator LPR Energy, LLC		DEP Client ID # 304679	Well Permit or Registration Number 37-111-20297	
Address 2 E. Market Street, Suite 1			Well Farm Name PMG Baird Unit	Well # 1H
City Clearfield	State PA	Zip Code 16830	County Somerset	Municipality Lower Turkeyfoot
Phone 8147656300	Fax 8147656305	Bond Instrument No. 282973, 282950, 940	Is this an application for annual extension of inactive status? ☒ Yes ☐ No	

Condition of the Well

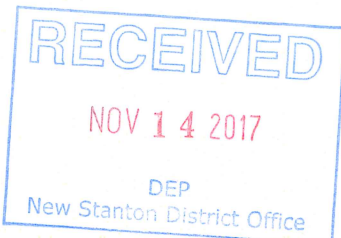
Describe in detail how the condition of the well satisfies the criteria for approval of inactive status. See 25 Pa. Code §§ 78.102(i), (2)(i) or (ii) and (3). Use additional sheets if necessary. If available, attach well records, driller's logs, and other information describing well casing, cement, equipment, and any other pertinent information.

Well Type: ☒ Gas ☐ Oil ☐ Combination Oil & Gas ☐ Injection ☐ Storage ☐ Disposal

Casing Diameters: 24" Production, 20" Surface	Casing Lengths: 60' Conductor, 223.55' Surf	Type and amount of cement (sacks) used for surface casing: Gas Block 260 sks	
13 3/8"	593.05'	Tubing or Production Casing Pressure (current): 0 psi	If an oil well, state the depth to fluid in the surface casing: NA
9 5/8"	1831"	Annulus Pressure (current - between tubing or production casing and surface casing): 0 psi	
Tubing or production casing diameter: 5 1/2"	Tubing or production casing length: 12493'	Is the annulus open to atmosphere? ☒ Yes ☐ No	

Other information about the well's condition:

N/A



Future Use of the Well

Describe a viable plan, in accordance with 25 Pa. Code § 78.102(4), explaining the intended future use of the well within a reasonable time. Use additional sheets if necessary. Provide the information requested below and any other information necessary for DEP to make a determination on inactive status for this well.

Provide certification that one of the following applies (check one):

☒ Significant reserves remain in place and I plan to return the well to production.

The well will be used for: ☐ Disposal ☐ Storage ☐ Observation ☐ Injection - Recovery ☐ Other (describe)

This well will be returned to use in: Month: June

Year: 2018

State your plan for future use of the well.

Well is currently Shut-In Pending pipeline construction; Anticipating construction to begin March, 2018

DEP CAMBRIA OFFICE
OCT 27 2017

Signature of Applicant (Well Operator)

Signature:
Date: 5/1/2017
Print or type signer's name and title: Christy Fulton - Records Supervisor

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☒ Approved ☐ Denied
by (DEP Manager):
Date: 11/25/18

JMK - Approved 11/21/17 OG15