5500-FM-OG0056 Rev 9/2007

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

DEP USE ONLY	
Auth # 1264831	APS # 962400
Site # 733907	PF # 730279
Client # 304679	SF # 1013077

Application for Inactive Well Status

Well Operator	DEP Client ID #	Well Permit or Registration Number		
LPR Energy, LLC	304679	37-111-20297		
Address		**Well Farm Name**	**Well #**	**Serial #**
2 E. Market Street, Suite 1		PMG Baird Unit	1H	
City	**State / Zip Code**	**County**	**Municipality**	
Clearfield	PA 16830	Somerset	Addison	
Phone	**Fax**	**Bond Instrument No.**	**Is this an application for annual extension of inactive status?**	
8147656300	8147656305	LOCOSL03999	☒ 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:	Casing Lengths:	Type and amount of cement (sacks) used for surface casing:
24" Conductor; 20" Surface	60' Conductor; 223.55' Surf	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:
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

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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: April Year: 2020

State your plan for future use of the well.
Well is currently Shut In pending Pipeline Construction; Construction delayed; Anticipating pipeline construction in December 2019

Paul

Signature of Applicant (Well Operator)

Signature: [signature] Date: 1/25/2019

Print or type signer's name and title: Christy Fulton - Regulatory & Compliance

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☒ Approved ☐ Denied Date

by (DEP Manager): [signature] 3/15/19