

STATE OF LOUISIANA
DEPARTMENT OF CONSERVATION AND ENERGY
APPLICATION FOR WELL STATUS DETERMINATION
(HORIZONTAL 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 _____ (Name) 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 Secretary of the Department of Conservation and Energy of the State of Louisiana to determine the of said well pursuant to LSA - R.S. 47:633 et seq.

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

That the well is a horizontal well with the wellbore drilled laterally at an angle of at least 80 degrees to the vertical and with a horizontal displacemnt of at least 50 feet in the reservoir in which the well is completed for production, measured from the initial point of penetration into such reservoir.
(Attach directional survey and stratigraphic lateral of wellbore projection)

That the cost of completing the well to the commencement of production is _____ .
(Attach completed **Form STRP-WCS** (Well Cost Statement))

That on the basis of the documents submitted in this application, he/she has concluded that to the best of his/her knowledge and belief the well in question qualifies as a Horizontal 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 _____ .

Notary Public

My commission expires: _____

DEPARTMENT OF CONSERVATION AND ENERGY USE ONLY			
☐	Approved	Signed: _____	
☐	Denied	Date: _____	
Invoice No.: _____		Payment Date: _____	