



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

MA-753980

DEP USE ONLY	
Auth # 1245068	APS # 949509
Site # 714731	PF # 713811
Client # 304679	SF # 981790

Application for Inactive Well Status

Well Operator LPR Energy, LLC		DEP Client ID # 304679	Well Permit or Registration Number 37-051-24140	
Address 2 E. Market Street, Suite 1			Well Farm Name John Holt	Well # 1H
City Clearfield	State PA	Zip Code 16830	County Fayette	Municipality Henry Clay
Phone 8147656300	Fax 8147656305	Bond Instrument No. LOCOSL03999	Is this an application for annual extension of inactive status? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.
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Well Type: ☒ Gas ☐ Oil ☐ Combination Oil & Gas ☐ Injection ☐ Storage ☐ Disposal

Casing Diameters: 13 3/8"	Casing Lengths: 572'	Type and amount of cement (sacks) used for surface casing: BJ Surflite-600 sks-Cement circulated to surface	
9 5/8"	2699'	Tubing or Production Casing Pressure (current): 0 psi	If an oil well, state the depth to fluid in the surface casing:
		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: 8371'	Is the annulus open to atmosphere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Other information about the well's condition:
Vertical - 1 Stage Completed



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.
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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: October

Year: 2019

State your plan for future use of the well.

Well is currently Shut-In Pending pipeline construction; Anticipating construction to begin May, 2019.

Signature of Applicant (Well Operator)		DEP USE ONLY	
Signature 	Date 8/31/2018	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Print or type signer's name and title: Christy Fulton - Regulatory & Compliance Spec.		by (DEP Manager): 10/10/18	