

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

	EP USE ONLY
Auth#9850	D8 954861
39411	PF#
Client #	SF#

Application for Inactive Well Status

Well Operator			DEP Client ID #		Well Permit or Registration Number						
LPR Energy, LLC 30			304679		37-051-24429			v			
Address					Well Farm Name		Well#	Serial #			
2 E. Market Street, Suite 1						Polk Unit	1	2H			
City Clearfield		State PA	Zip Code 16830		County Fayette	Municipality Wharton					
Phone Fax				rument No.		Is this an application for annu					
8147656300					extension of inactive status?	ai		☐ 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 Length 20" Conductor 60'		is:		Type and amount of cement (sacks) used for surface casing: 454 sacks of Class A1							
13 5/8" Surface 589'					ubing or Production Casing Pressure If an oil well, state the depth to urrent): 0 psi If uid in the surface casing:)			
9 5/8" 1821'			***************************************	Annulus Pressure (current - between tubing or pr 0 psi				production casing and surface casing):			
Tubing or production Tubing or production casing diameter: 5 1/2" casing length:				Is the annulus open to atmosphe							
Other information about the well's condition:											
N/A											
								Dra	,		
								TOC	IVED		
DEC 1 0 2019											
UEC 1 0 2010								0 2019			
								DEPSW. OIL & G	Do		
						A control of the cont		OIL&G	15		
Future Use Describe a viable plan, in accordance with 25 Pa. Code § 78.102(4), explaining the intended future use of the well											
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 Dbservation Injection – Recovery Other (describe)											
This well will be returned to use in: Month: October Year: 2020											
State your plan for future use of the well.											
Pipeline to connect the Polk Well Pad is completed and LPR commenced production on Polk 3H, 4H, 5H. The results of											
these wells will help to evaluate the economics of completing the Polk 2H. If economics do not support the cost of completion, then LPR will proceed with P&A of the well.											
Total Control of the proposed that I set of the front											
						9					
Signature of Applicant (Well Operator)						DEP US	E ONLY				
Signature	4		Da	ate	4						
9/20/2019 Approved Denied Date by (DEP Manager):							Jate				
Print or type signer's											
name and title: Christy Fulton - Regulatory & Compliance											