



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

DEP USE ONLY	
Auth # 1298513	APS #
Site # 741195	PF #
Client #	SF #

## Application for Inactive Well Status

Well Operator LPR Energy, LLC		DEP Client ID # 304679	Well Permit or Registration Number 37-051-24442	
Address 2 E. Market Street, Suite 1			Well Farm Name Hall Unit	Well # 3H
City Clearfield	State PA	Zip Code 16830	County Fayette	Municipality Henry Clay Township
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	

<b>Condition of the Well</b>	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: 20"	Casing Lengths: 64'	Type and amount of cement (sacks) used for surface casing: 430 sks/Type 1
13 3/8"	588'	Tubing or Production Casing Pressure (current): 0 psi
9 5/8"	1953'	If an oil well, state the depth to fluid in the surface casing: n/a
Tubing or production casing diameter: N/A	Tubing or production casing length: N/A	Annulus Pressure (current - between tubing or production casing and surface casing): 0 psi
Is the annulus open to atmosphere? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Other information about the well's condition:  
Only the vertical was drilled.

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DEC 10 2019  
DEPSWDO  
OIL & GAS**

<b>Future Use of the Well</b>	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: 2020**

State your plan for future use of the well.

We're currently evaluating the economics of building a pipeline to the Hall Well Pad. If the economics do not support the cost of building the pipeline infrastructure then we will proceed with Plugging and Abandoning the well

<b>Signature of Applicant (Well Operator)</b>		<b>DEP USE ONLY</b>	
Signature 	Date 9/20/2019	<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):  12/7/19	