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pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

POST-DRILLING WELL SITE RESTORATION REPORT
(Unconventional Operations Only)

A. OPERATOR AND WELL INFORMATION

Well Operator Name	DEP ID / OGO No.		Well Pad Name and No.	
Address			U.S. Well No. (API No.) for Final Well Drilled or Expired **37- -**	
City	State	Zip Code	Date of Final Well Drilled or Expired	ESCGP No. (If applicable)
Telephone No.			County	
Contact Name			Municipality	

B. LAND APPLICATION OF TOPHOLE WATER

Date applied	Volume (bbl)	pH	Specific conductance (μmhos/cm)

C. OFFSITE WASTE DISPOSAL OR REUSE

All waste reporting has been completed using DEP's Oil and Gas Reporting Electronic (OGRE) application.

Date of most recent waste report submitted to OGRE: _____

D. ONSITE DISPOSAL – UNCONTAMINATED DRILL CUTTINGS

☐ N/A If this section is not applicable, go to section E. Do not complete the remainder of the information in section D.

Location of center of disposal area in relation to the well		Location of the center of the disposal area in decimal degrees	
Course (degrees)	Distance (ft)	Latitude (DD) .	Longitude (DD) - .

Disposal Method (s)

☐ Unlined pit ☐ Lined pit ☐ Land application	☐ Dusting ☐ Solidification

☐ Other. Describe the material disposed, including additives and solidifiers.

E. ONSITE DISPOSAL – CONTAMINATED DRILL CUTTINGS OR RESIDUAL WASTE - PITS

☐ N/A If this section is not applicable, go to section F. Do not complete the remainder of the information in section E.
☐ If residual waste, and/or contaminated drill cuttings, have been disposed of onsite, include residual waste permit number _____ and approval date. _____

F. ONSITE DISPOSAL –CONTAMINATED DRILL CUTTINGS OR RESIDUAL WASTE - LAND APPLICATION

☐ N/A If this section is not applicable, go to section G. Do not complete the remainder of the information in section F.
☐ If residual waste, including contaminated drill cuttings, have been disposed of onsite, include residual waste permit number _____ and approval date. _____

G. SITE RESTORATION

☐ All post-drilling well site restoration activities have been completed in accordance with 25 Pa. Code §78a.65.

☐ I, the undersigned operator, acknowledge the responsibility of long-term operation and maintenance of all PCSM BMPs on site as per the Department-approved PCSM plan (if applicable).

_____ Acres of land incapable of being immediately used for agricultural use/reserve or forest reserve activities.

Well Operator's Signature _____ Date _____	**DEP USE ONLY** Title _____ Reviewed by _____ Date _____ ☐ Other