DIVISION OF MINERAL RESOURCES

APPLICATION FOR A NON-CONFORMING SPACING UNIT OR A VARIANCE FROM REGULATORY WELL SPACING

NEW YORK STATE OF OPPORTUNITY. | Department of Environmental Conservation

Submit this application and attachments to the Albany office of the Division of Mineral Resources concurrently with the submission of an application for a permit to drill, deepen, plug back or convert a well to the appropriate Regional office of the Division of Mineral Resources.

APPLICANT AND WELL INFORMATION	
NAME OF APPLICANT (Full Name of Organization or Individual as Registered with the Division)	
ADDRESS (P.O. Box or Street Address, City, State, Zip Code)	
TELEPHONE NUMBER (include area code)	FAX NUMBER (include area code)
WELL NAME AND NUMBER	
TOWN	COUNTY
PROPOSED WELL TYPE	
TARGET FIELD/POOL	TARGET FORMATION
☐ Check here if the applicant is the State of New York, a State agency, or a local agency.	

TYPE OF APPLICATION (check one)	
☐ **NON-CONFORMING SPACING UNIT**	☐ **VARIANCE From 6 NYCRR Part 553.1**
Check all below that apply: *Proposed gas well is subject to Article 23, Title 5 and:* ☐ Unit size does not conform to statewide spacing. ☐ Statewide spacing setbacks not met. ☐ Proposed unit is not of approximately uniform shape with other spacing units in the same field or pool. ☐ Proposed unit does not abut other units in the same pool, without sufficient distance between units for another unit to be developed.	**Check all below that apply:** *Proposed oil or gas well is exempt from Article 23, Title 5 and:* ☐ is less than 660 feet from a unit or lease line. ☐ is less than 1,320 feet from another producing well in the same formation.

REASON FOR THE REQUEST

Briefly explain the reason a non-conforming spacing unit or a variance is needed to prevent waste, provide greater ultimate recovery and/or protect correlative rights. Attach additional sheets if necessary.

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WELL NAME AND NUMBER	NAME OF APPLICANT

SUPPORTING DOCUMENTATION

This information will be reviewed to determine if approval of the non-conforming spacing unit or variance will satisfy the policy objectives of Article 23, Title 3, of the Environmental Conservation Law.

The following materials are enclosed. (Check all that apply; items 1 and 2 are required for all applications. Items 3-7 are required for all applications <u>except</u> when the applicant is the State of New York, a State agency or a local agency).

1. ☐ Copy of the Application for Permit to Drill, Deepen, Plug Back or Convert a Well submitted to the regional office.
2. ☐ Copy of the plat included with the Application for Permit to Drill, Deepen, Plug Back or Convert a Well.
3. ☐ Map(s) drawn to an appropriate scale that clearly and legibly show(s) the following:
   - Proposed spacing unit and well location.
   - Size of spacing unit in acres, carried out to two decimals.
   - Boundaries of each tract of land wholly or partially within the spacing unit. Identify each tract with name and Tax ID number.
   - For a non-conforming spacing unit, all information listed on the Applicant's Checklist for a Spacing Unit Map located at www.dec.ny.gov/energy/1587.html.
   - For a variance from 6 NYCRR Part 553.1, any well producing from the same field/pool located less than 1,320 feet from the proposed well.
   - For a variance from 6 NYCRR Part 553.1, scaled distance in feet from the proposed well to each uncontrolled tract within 660 feet of the proposed well.
   - Structural contours of target formation, pay thickness contours, faults, water contact and/or other areal or interpretive depiction which illustrates geologic conditions, if any, that result in the need for a non-conforming unit or variance (required if Item 6 is checked).
4. ☐ Complete names and mailing addresses of uncontrolled owners within the proposed spacing unit (required only for an application for a variance from 553.1).
5. ☐ Complete names and mailing addresses of uncontrolled owners within the proposed spacing unit, and scaled distance to the proposed well from any uncontrolled tract within 660 feet of the proposed well (required only for an application for a variance from 553.1).
6. ☐ Geological, geophysical and/or reservoir engineering information which supports the proposal.
   - ☐ Check here if the support includes a previously issued spacing order in the same field.
   - ☐ Order No. and Date: _____
   - ☐ Check here if the support includes FERC Order 280 designating the Queenston as a tight formation (acceptable only for the following counties: Allegany, Cayuga, Erie, Genesee, Livingston, Ontario, Seneca, Wyoming, Yates).
   - ☐ Check here if an adjustment of allowable production is proposed. Technical justification must be provided. State the proposed allowable production: _____
7. ☐ Name, address and experience of any expert witness proposed to support the proposal if a hearing is necessary.

Additional documentation required only if the applicant is the State of New York, a State agency, or a local agency.

8. ☐ Description of the applicant's status as an agency of the State of New York or as a local agency, board, authority, school district, commission or governing body, including any county, town, city, village, or other subdivision of this State.
9. ☐ A certified excerpt from the minutes of the applicant's governing body stating that drilling of the well is economically justifiable and that the gas produced will be for the applicant's exclusive use.
10. ☐ Resolution or guarantee from the applicant's governing body as a form of financial security guaranteeing that adequate funds will be available for performance of well plugging and reclamation activities.

AFFIRMATION AND SIGNATURE

I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief. I am aware any false statement made in this application is punishable pursuant to Section 210.45 of the Penal Law.

_____	_____	_____
Printed or Typed Name of Authorized Representative	Signature of Authorized Representative	Date

FOR DMN USE ONLY:

Date Received in Albany:

Dates of Any Notices of Incomplete Application:

1.
2.
3.

Date Application Deemed Complete:

Notice Date:

Outcome:

☐ Order Issued

☐ Hearing required