PRINT

DIVISION OF MINERAL RESOURCES

APPLICATION FOR A.P.I. WELL IDENTIFICATION NUMBER

NEW YORK STATE OF OPPORTUNITY. Department of Environmental Conservation

PRINT OR TYPE IN BLACK INK

DO NOT COMPLETE **DEPARTMENT USE ONLY** **DO NOT COMPLETE**

A.P.I. NUMBER 31- ☐☐☐ - ☐☐☐☐☐ - ☐☐ - ☐☐☐

Location Verified

Date _____ / _____ / _____

WELL OWNER

Full name of organization or individual _____

Complete mailing address _____

_____

Telephone (include area code) ( ) _____

LOCATION INFORMATION

Town _____ Quad _____ Quad section _____

Decimal Latitude (NAD 83): ☐☐.☐☐☐☐☐☐ Decimal Longitude (NAD 83): ☐☐.☐☐☐☐☐☐

Check which applies: ☐ Map attached ☐ Description (see below)

Location Description:

WELL INFORMATION

Lease or well name _____ Well no. _____ Field name _____

Target formation _____ Deepest formation _____

Type (check one) ☐ Oil ☐ Gas ☐ Injection ☐ Other (specify) _____

Date drilled (year) _____ Elevation (ft.) _____ Depth (ft.) _____

Producing formation (if known) _____

CURRENT USE OR REMARKS (attach additional sheets if necessary)

CASING AND CEMENTING (enter known information)

CASING STRINGS	HOLE SIZE	PIPE SIZE	CASING DEPTHS SET **(TMD)**	CLASS/TYPE OF CEMENT	EST. CEMENT TOP **(TMD)**
Drive Pipe or Conductor					
Surface or Water					
Intermediate					
Production					
Liners					

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 (see below note)

Signature of Authorized Representative (see below note)

Date _____ / _____ / _____

Note: The Authorized Representative must be listed in Box 7 of the Organizational Report on file with the Division of Mineral Resources.

INSTRUCTIONS FOR A.P.I. WELL IDENTIFICATION APPLICATION FORM

The Division of Mineral Resources has developed this form to accommodate newer drilling technologies and to conform to the American Petroleum Institute's (API) well identification number system. For a complete description of the API numbering system, visit ESOGIS's website at https://esogis.nysm.nysed.gov/Help_API.cfm. Instructions and examples for completing the form are below.

The completed form should be submitted along with any maps to the appropriate Regional office. If you have any questions or need any further assistance with the forms, please feel free to contact the Regional office responsible for the area where the well is located.

Allegany Office	(716) 372-0645	(Allegany, Cattaraugus, Chautauqua, Erie, Niagara and Wyoming Counties)
Avon Office	(585) 226-5376	(Jefferson, St. Lawrence, Lewis, Oneida, Herkimer, Oswego, Cayuga, Onondaga, Madison, Tompkins, Cortland, Chenango, Broome, Orleans, Monroe, Wayne, Genesee, Livingston, Ontario, Yates, Seneca, Steuben, Schuyler, Tioga and Chemung Counties)
Albany Office	(518) 402-8056	(All other counties)

GENERAL

Complete one form for each well which requires an identification number.

WELL OWNER INFORMATION

Please complete this section exactly as it appears on your Organization Report Form (85-15-12). If you have never filed an Organizational Report, please complete the form included with this package. The form is also available on our website at http://www.dec.ny.gov/energy/4761.html.

LOCATION INFORMATION

Town: Enter the town in which the well is located

Quad: Enter the appropriate 7 ½ minute topographic map. By convention, the Division uses the letter designations A-I for each section. The correct section can be determined by dividing the 7 ½ minute topographic map into 9 sections along the 2 ½ minute divisions and lettering them from left to right as shown.

A	B	C
D	E	F
G	H	I

Quad Section: Enter the appropriate 7 ½ minute topographic map section.

Decimal Latitude and Decimal Longitude: If known, otherwise leave blank.

Location Description: It is important that we have the correct location of the well, therefore, BE AS ACCURATE AS POSSIBLE WHEN DESCRIBING THE LOCATION. A map that shows the location in relation to known markers such as roads, town lines, etc. is preferred. Sections of tax maps, road maps or land surveys also work well. Please indicate the well's location as accurately as possible on the map, circle the location and attach the map to your application.

If the location description is used, please describe as accurately as possible the distance in feet North or South and East or West from known boundaries such as roads, town lines, and so on in the space provided.

WELL INFORMATION

Lease or Well Name: Enter the complete original name associated with the well. If you do not know that name, enter the name by which you will identify the well in the future.

Well Number: Enter the well number. For example, the first well on the Smith Farm would be the Smith 1, the second well would be the Smith 2, and so on.

Field Name: If known, otherwise leave blank.

Target Formation: If known, otherwise leave blank.

Deepest Formation: If known, otherwise leave blank.

Type: What the well is being used for, oil production, gas production, injection, etc.

Date Drilled: To the best of your knowledge, enter the year the well was drilled.

Elevation: If known, otherwise leave blank.

Producing Formation: Enter the formation in which it is completed (for instance Chipmunk, Medina, etc.). If not known, leave blank.

CURRENT USE

Please indicate how the well is currently being used. Is it actively producing, inactive or abandoned? If the well is actively producing, how is the gas or oil used? Does it supply a home? Is it sold? Please put any other information here concerning the well, including who drilled the well, and if there were any changes made since the original completion.

CASING AND CEMENTING INFORMATION

Enter any known information regarding the casing program and cement data for the well.

SIGNATURE AND DATE

Please sign and date the application and return it with any maps to DEC.