PRINT

DIVISION OF MINERAL RESOURCES

REQUEST FOR BOP EQUIPMENT WAIVER

NEW YORK STATE OF OPPORTUNITY. Department of Environmental Conservation

THIS APPLICATION IS A LEGAL DOCUMENT. READ THE AFFIRMATION AND SIGNATURE CAREFULLY BEFORE SIGNING.

***Instructions**: Print or type in black ink. In conjunction with an Application for Permit to Drill, Deepen, Plug Back or Convert, an owner or operator may apply for a waiver from use of blowout preventer (BOP) equipment on certain wells as determined by the Department. Application to the Department for a REQUEST FOR BOP EQUIPMENT WAIVER shall be made on this form and submitted to the appropriate NYSDEC Oil and Gas Regional Minerals Manager. For assistance with completing the form, contact the appropriate Regional office.*

WELL NAME AND NUMBER	NAME OF OWNER (Full name of Organization or Individual as registered with the Division)
OWNER'S ADDRESS (P.O. Box or Street Address, City, State, Zip Code)	TELEPHONE NUMBER ( )

WELL LOCATION INFORMATION

COUNTY	TOWN
SURFACE WELL LOCATION Decimal Latitude (NAD83) ☐☐.☐☐☐☐☐☐ Decimal Longitude (NAD83) ☐☐.☐☐☐☐☐☐	PROPOSED TARGET FORMATION
FIELD/POOL NAME	Is the proposed well a Wildcat? ☐ Yes ☐ No
Is the proposed well targeting a Bass Island pool or located within one mile of an existing Bass Island well or pool as designated in 6 NYCRR Section 559.1? ☐ Yes ☐ No If "yes," describe _____	Has there been prior history of blowouts, well control events or over pressured formations within a one-mile radius of the proposed well site? ☐ Yes ☐ No If "yes," describe _____

PROPOSED WELL DATA

WELL TYPE (check appropriate box)

☐ Oil Production ☐ Geothermal ☐ Brine ☐ Brine Disposal ☐ Other (specify below)

☐ Gas Production ☐ Stratigraphic ☐ Storage ☐ Injection _____

PROPOSED ALTERNATIVE PRESSURE OF FLOW CONTROL DEVICE(S) (check all that apply)

☐ Diverter ☐ Other (specify) _____

Description of any proposed alternative pressure or flow control devices and operations (check box if additional page(s) attached) ☐

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 note below)

Signature of Authorized Representative (see note below)	Date / /

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