Revised Report ☐	Production Year	Organization Number	NEW YORK STATE Department of Environmental Conservation	Division of Mineral Resources **Annual Well Report**	Pages ____ OFFICIAL USE ONLY Page ____ of ____ Log ____ Prod ____ OG ____ Copy ____ File ____

1. Operator Information

Operator Name			County
Address			Town
City	State	Zip	Field / Formation
Phone	Primary Email		

2. Well Data / 3. Production and Injection Data

Well Name and Number (All Active and Inactive Wells)	Well API Number 31-XXX-XXXXX-XX-XX	Well Type	Oil Purchaser's Tank Number	Gas Pipeline Meter Number	Months of Prod (0-12)	Oil Prod (bbls)	Gas Prod (mcf)	Gas Used (mcf)	Gas Sold (mcf)	Water Prod (bbls)	Water Injected (bbls)	Tax Map and Parcel Number
									0			
									0			
									0			
									0			
									0			
									0			
									0			
									0			
									0			
									0			
For Assistance with API Numbers Contact your Regional Office					**Totals:**	0	0	0	0	0	0	

4. Gas First Purchaser/Taker/Transporter Information

First Purchaser/Taker/Transporter of Gas	Gas Pipeline Meter Number	Gas Volume (mcf) Sold/Transported

5. Oil Purchaser Information

Oil Purchaser	Oil Purchaser's Tank Number	Barrels (bbls)Sold

6. Produced Water/Brine Disposition Information

Disposition	
Waste Transporter:	
Part 364 Permit No.:	
SPDES Permit No.	
BUD:	

7. Certification: I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief. By signing this form, I acknowledge that DEC staff has the right to enter upon and pass through the property or properties where the well(s) subject to this report is/are located for the purposes of inspection of the well and, to the extent necessary, areas adjacent to such well sites. I further acknowledge that DEC staff has the right to enter upon and pass through such property in order to inspect sites, without prior notice, between the hours of 7:00 am and 7:00 pm, Monday through Friday, or any time well-related activities are ongoing at a specific site. By signing this form, I further acknowledge under penalty of perjury that DEC's authority to inspect the wells and adjacent areas remains in effect as long as such wells are regulated by DEC. I am aware that any false statement made in this report is punishable pursuant to Section 210.45 of the Penal Law.

Print Name and Title of Authorized Person		Remarks:
Signature	Date	

Annual Well Report Instructions

General Information

The operator of any unplugged oil, gas, or injection well must file an ***original*** Annual Well Report (AWR) form with the New York State Department of Environmental Conservation (NYSDEC) on or before **March 31st** via email with e-signature to dmn.ce@dec.ny.gov or by standard courier with ink signature to the following address:

NYSDEC, Division of Mineral Resources, 625 Broadway 3rd Floor, Albany, NY 12233-6500

Please note that the report may contain prepopulated information for the convenience of the Operator, based on existing records. It is the Operator's responsibility to ensure the accuracy of the prepopulated information. The AWR form must indicate the volume of oil or gas produced from, as well as all water produced from or injected into, each well during the calendar year. By law, this information is for the confidential use of NYSDEC until six months after the end of the period to which these records apply.

Copies of this report should be filed with local and county tax assessors, as required by law, on or before their respective deadlines, which may differ from NYSDEC's deadline.

The NYSDEC must receive an acceptable AWR by March 31st
All operators must file a report even if the well(s) have not been in operation

Section 1: Operator Information

The *Production Year*, *Organization Number*, *Operator Name*, *Address, Phone, and Primary Email* information has been prefilled on the AWR form. Please review and ensure this information is correct. If completing a blank form, fill in the appropriate information.

Section 2: Well Data

Please review and ensure any prefilled well information is correct. Note the *Well Type* section contains abbreviations. Oil well type abbreviations include OD (oil development), OE (oil extension), and OW (oil wildcat). Gas well type abbreviations include GD (gas development), GE (gas extension), and GW (gas wildcat). Enhanced Recovery Waterflood Injection wells are abbreviated as IW. If completing a blank form without prepopulated data, fill in the appropriate well information.

Section 3: Production and Injection Data

All columns in this section must be completed with a numeric value; insert a zero ("0") if no production or injection occurred.

Oil Purchaser's Tank Number: For oil wells, enter the appropriate Oil Purchaser's Tank Number. This number should correspond with the Oil Purchaser's Tank Number in Section 5.
Gas Pipeline Meter Number: Enter the identification number for the meter that recorded gas production for the well. This number should correspond with the Gas Pipeline Meter Number in Section 4.
Months of Prod: Enter the number of months the well was in production or in use.
Oil Prod: Total oil volume (bbls) produced by the well. Enter the individual oil production value for the well. Do ***NOT*** average oil production values for wells on the same lease.
Gas Prod: Enter the total gas volume (mcf) produced by the well.
Gas Used: Enter the total volume of gas (mcf) used.
Gas Sold: Enter the total volume of gas (mcf) sold or brought to market.
Water Prod: Enter the total volume (bbls) of water/brine produced by the well.
Water Injected: If part of an authorized EPA waterflood injection program, enter the volume (bbls) of water injected.
Tax Map and Parcel Number: This field represents the real property designation of where the wellhead is located. If this field has been prepopulated on the AWR form, please review and ensure the information is correct. If it is not correct or left blank, enter the unique tax number assigned to the land parcel on which the specific well is located. For assistance in determining this number, please contact your local tax assessor.

Once all production data is completed, total the appropriate columns in the Totals row

Section 4: Gas First Purchaser/Taker/Transporter Information

First Purchaser/Taker/Transporter of Gas: Enter the company or entity that first purchases, takes, or transports gas from a well. This is often the point of sale.
Gas Pipeline Meter Number: Enter the sales meter number assigned by the First Purchaser/Taker/Transporter.
Gas Volume (mcf) Sold/Transported: Enter the total volume (mcf) of gas sold or transported by a specific meter. NYSDEC recommends contacting the First Purchaser/Taker/Transporter to verify this value.

Section 5: Oil Purchaser Information

Oil Purchaser: Enter the company or entity that purchased the oil produced.
Oil Purchaser's Tank Number: Enter the appropriate oil tank number assigned by the Oil Purchaser.
Barrels (bbls) Sold: Enter the barrels of oil sold for each specific Oil Purchaser's Tank Number. Insert a zero ("0") if no oil was sold. NYSDEC recommends contacting the Oil Purchaser to verify this value.

Section 6: Produced Water/Brine Disposition Information

Disposition: If water/brine is produced by the well(s), indicate the disposition of the fluid. For example, indicate if water/brine was stored in a tank or hauled off site. If water/brine was hauled off the well site, *Waste Transporter(s)* and the associated *Part 364 Permit* number(s) must be entered. State Pollutant Discharge Elimination System (SPDES) permit number(s) must be entered for any water/brine that was discharged under a SPDES permit. If a Beneficial Use Determination (BUD) has been granted, enter the appropriate information.

Section 7: Signature/Remarks

Print Name Title of Authorized Person: The form must be signed by an individual listed in Box 7 of the Operator's Organizational Report (85-15-12) on file with NYSDEC.
Signature: The AWR form must contain an *original* ink signature or e-signature on each page. Photocopied or stamped signatures will not be accepted.
Remarks: Enter additional remarks or comments in this section.

If this form is returned for amendment, correction or incomplete information, resubmissions with the *Revised Report* box checked must be sent to NYSDEC and any relevant local government body. For questions or assistance in completing the AWR, please contact NYSDEC at the address above or by calling 518-402-8056.