PRINT

DIVISION OF MINERAL RESOURCES

APPLICATION FOR APPROVAL TO FLARE

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. This form shall be used for application to the Department for an Approval To Flare for: 1) flaring associated with any well completion, stimulation, clean up, testing, plugging or other Department-identified operation; and 2) extension of a previously approved flaring period. Note: Flaring during well drilling is considered part of the drilling process and does not require a separate Approval to Flare from the Department, except under special circumstances as determined by the Department. For additional assistance completing this form, contact the appropriate Regional office.*

WELL INFORMATION

WELL NAME & NUMBER

API WELL IDENTIFICATION NUMBER

31 - - -

OWNER CONTACT INFORMATION

NAME (Full Name of Organization or Individual as registered with the Division)

ADDRESS - Business (P.O. Box or Street Address, City, State, Zip Code)

TELEPHONE NUMBER ( )

ADDRESS - Night, Weekend and Holiday (P.O. Box or Street Address, City, State, Zip Code)

TELEPHONE NUMBER ( )

WELL LOCATION DATA

COUNTY

TOWN

FIELD/POOL NAME (or "Wildcat")

PROPOSED TARGET FORMATION OR EXISTING FORMATION

PRESENT LAND USE(S) WITHIN ¼ MILE OF EDGE OF WELL PAD (check all that apply)

☐ Rural ☐ Urban ☐ Agriculture ☐ Commercial ☐ Other (specify below)
☐ Suburban ☐ Forest ☐ Park/Recreation ☐ Industrial _____

DISTANCE IN FEET TO NEAREST PRIVATE DWELLING, PUBLIC BUILDING OR PLACE OF ASSEMBLY FROM EDGE OF WELL PAD

Distance _____ Describe _____

PROPOSED FLARING OPERATION

TYPE OF FLARE REQUEST (check all that apply)

☐ Initial Approval To Flare ☐ Extension of Previously Approved Flaring Period ☐ Extension of Time Period(s) Specified in 6 NYCRR § 556.2(b) ☐ Other (specify below) _____

REASON FOR FLARING (check all that apply)

☐ Well Completion ☐ Well Testing ☐ Other (specify below)
☐ Well Stimulation ☐ Well Plugging _____

ANTICIPATED DATE FLARING TO START / /

ANTICIPATED DATE FLARING TO CEASE / /

ESTIMATED DURATION OF FLARING OPERATION (net hours)

ESTIMATED VOLUME OF GAS TO BE FLARED (Mcf)

IS ANY FLARING AT NIGHT PLANNED? ☐ Yes ☐ No

ANTICIPATED MAXIMUM RATE OF FLOW (Mcf/d)

IS H_2S ANTICIPATED? ☐ Yes ☐ No

TARGET FORMATION

FORMATION(S) (origin of gas to be flared)

PERFORATION INTERVAL (note depths in ft. of top and bottom perforation)

Top _____ Bottom _____

PREVIOUS FLARING

HAS GAS FROM ABOVE RESERVOIR INTERVAL BEEN PREVIOUSLY FLARED UNDER DEPARTMENT-ISSUED APPROVAL(S) TO FLARE? ☐ Yes ☐ No

IF YES, ESTIMATED VOLUME OF GAS PREVIOUSLY FLARED (Mcf)

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.