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pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

DEP USE ONLY	
Auth No.	APS No.#
Site No.	PF No.
Client No.	SF No.

APPLICATION FOR INACTIVE WELL STATUS

Well Operator			DEP Client ID No.	Well Permit or Registration No.		
Address				Well Farm Name	Well No.	Serial No.
City		State	Zip Code	County	Municipality	
Telephone No.	Fax No.	Bond Instrument No.		Is this an application for annual extension of inactive status? ☐ Yes ☐ No Check here if this application is being submitted for conditional inactive status in association with longwall mining: ☐		

Condition of the Well

Describe in detail how the condition of the well satisfies the criteria for approval of inactive status. See 25 Pa. Code §§ 78/78a.102(i), (2)(i) or (ii) and (3). Use additional sheets if necessary. If available, attach well records, driller's logs, and other information describing well casing, cement, equipment, and any other pertinent information. Note that if this application is being submitted in conformance with DEP Technical Guidance Document 800-0810-004 *Guidelines for Chain Pillar Development and Longwall Mining Adjacent to Unconventional Wells*, the Well Record/Completion Report may be referenced for all well construction information, and all tubing and annular pressures should be at 0 prior to adjacent longwall mining encroaching within 1,500 feet of the well location. Finally, all annuli should be open to the atmosphere and the inactivation procedure may be referenced under the section titled "Other information about the well's condition."

Well Type: ☐ Gas ☐ Oil ☐ Combination Oil & Gas ☐ Injection ☐ Storage ☐ Disposal

Casing Diameters:	Casing Lengths:	Type and amount of cement (sacks) used for surface casing:	
		Tubing or Production Casing Pressure (current):	If an oil well, state the depth to fluid in the surface casing:
		Annulus Pressure (current - between tubing or production casing and surface casing):	
Tubing or production casing diameter:	Tubing or production casing length:	Are all annuli open to atmosphere? ☐ Yes ☐ No	

Other information about the well's condition:

Future Use of the Well

Describe a viable plan in accordance with 25 Pa. Code §78/78a.102(4) explaining the intended use of the well within a reasonable time. Provide the information requested below and any other information necessary for DEP to make a determination on inactive status for this well. Note that if this application is being submitted in conformance with DEP Technical Guidance Document 800-0810-004 *Guidelines for Chain Pillar Development and Longwall Mining Adjacent to Unconventional Wells*, the following text may be entered under the section regarding the future plan for the well: "Return well to production subsequent to final panel extraction when mining is at least 1,500 feet beyond well in chain pillar, as per re-entry procedure and TGD."

Provide certification that one of the following applies (check one):

☐ Significant reserves remain in place and I plan to return the well to production.

Provide estimate of reserves: MMcf: Bbls:

The well will be used for: ☐ Disposal ☐ Storage ☐ Observation ☐ Injection – Recovery ☐ Other (describe)

This well will be returned to use in: Month: Year:

State your plan for future use of the well.

Conditional Inactive Status Checklist	For unconventional wells drilled in anticipated chain pillar locations that are being temporarily inactivated to accommodate planned, adjacent longwall mining, please provide the items included in the checklist below in addition to this application. More specific information about these items is detailed in DEP Technical Guidance Document 800-0810-004 *Guidelines for Chain Pillar Development and Longwall Mining Adjacent to Unconventional Wells*.

Please include the following items with the inactive status application:

☐ Temporary Well Inactivation Procedure ☐ Temporary Inactivation Well Schematic ☐ General Specifications for Cements/Gels

☐ Current Well Record and Completion Report ☐ Well Location Plat ☐ Electrical/Mechanical Well Logs

☐ Graphical Production History Summary ☐ Well Re-entry Procedure ☐ Post-mining Well Long-term Monitoring Procedure

Provide additional details, if necessary.

Signature of Applicant (Well Operator)	**DEP USE ONLY**
Signature _____ Date _____	☐ Approved ☐ Denied Date
Print or type signer's name and title: _____	by (DEP Manager): _____ _____