pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Well Site Restoration Extension Request (Unconventional Operations Only)

A. OPERATOR AND WELL SITE INFORMATION

Well Operator		DEP ID / OGO No.	U.S. Well No. (API No.) of Final Well Drilled/Plugged **37- -**
Address			Well Pad Name and No.
City	State	Zip Code	County
Telephone No.	Fax No.		Municipality
Contact Name			
Email			ESCGP No.

B. WELL SITE RESTORATION EXTENSION

The well site restoration period may be extended by the Department of Environmental Protection (DEP) for one of the following conditions. Check the appropriate box (only one box may be checked).

☐ 1) The restoration extension will result in less earth disturbance, increased water reuse or more efficient development of the resource. (**Note: If this box is checked, complete Sections C, D, E and F.**)

☐ 2) Site restoration cannot be achieved due to adverse weather conditions or lack of essential fuel, equipment, or labor. (**Note: If this box is checked, complete Sections C and F**)

C. REASON FOR EXTENSION REQUEST

Explain the reason for the request to defer restoration of the well site. The explanation should be consistent with the box that was checked in Section B (1 or 2) and should provide justification for the length of extension being requested.

Select the proposed duration of the requested extension in the space provided below. If box 1 is checked in section B., above, the requested extension will be presumed to be 24 months. If box 2 is checked in section B., above, the requested extension should reflect the amount of time reasonably needed to comply with well site restoration requirements. Extension requests may not exceed 24 months.

Months

D. INTERIM SITE RESTORATION PLAN

Check one of the following that describes the approach the interim site restoration plan will use:

☐ Such best management practices (BMPs) or other measures are described in a site restoration plan approved under either an Erosion Sediment Control General Permit (ESCGP)-1 or ESCGP-2 where such measures were developed and designed according to the size and character of the well site as it will be maintained during the restoration extension period. The site restoration plan from the approved permit is attached.

☐ An interim restoration plan that includes site specific interim and post-construction stormwater management (PSCM) BMPs or other measures to be employed to minimize erosion and sedimentation and negative impacts to stormwater runoff volume, rate and water quality, which are to be utilized during the two year extension time period, is attached. The attached plan meets the requirements of Section 102.22 (relating to Site Stabilization). 25 Pa. Code Section 102.22.

E. POST-DRILLING RESTORATION PLAN

Check one of the following that describes the approach the site restoration plan will use:

☐ A site restoration plan approved under either an ESCGP-1 or ESCGP-2 provides for returning the portions of the site not occupied by production facilities or equipment to approximate original conditions and making them capable of supporting the uses that existed prior to drilling the well. The site restoration plan from the approved permit is attached.

☐ A site restoration plan that provides for returning the portions of the site not occupied by production facilities or equipment to approximate original conditions and making them capable of supporting the uses that existed prior to drilling the well is attached. The site restoration plan includes site specific PSCM BMPs to be utilized during the productive life of the well(s) prior to post-plugging restoration. The BMPs were developed and designed according to the size and character of the well site as it will be maintained during the productive life of the well(s) prior to post-plugging restoration. These BMPs should meet the requirements of Section 102.8 (relating to PCSM requirements) 25 Pa. Code Section 102.8.

F. APPLICANT CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. The responsible official's signature also verifies that the activity is eligible to participate in the restoration extension, and that the applicant agrees to abide by the terms and conditions of the restoration extension. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Print Name and Title of Applicant	Print Name and Title of Co-Applicant (if applicable)
Signature of Applicant	Signature of Co-Applicant
Date Extension Request Signed	Date Extension Request Signed