8000-FM-OOGM0017 8/2020

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DEP USE ONLY
Application Tracking #

PROPOSED SUBSURFACE OPERATIONS PROCEDURE

Well Operator		**DEP ID#**		**Well Permit or Registration Number**	
Address				**Well Farm Name**	
City		**State**	**Zip Code**	**Well #**	**Serial #**
Phone	**Fax**			**County**	**Municipality**

For any subsurface procedure, e.g., BOP testing procedures, gas storage integrity testing programs, etc. requiring DEP approval prior to execution, please complete this form and submit to DEP for review. Upon agency approval in writing, the procedure may be executed.

Describe in reasonable detail using a written description and / or diagram:

1. **the proposed procedure, and**
2. **the manner in which the procedure will satisfy the goals of the laws and regulations.**

DEP USE ONLY		
Approved by (DEP Manager)	**Conditions** ☐ YES, See Attached ☐ NO	**Date**