## STATE OF LOUISIANA OFFICE OF CONSERVATION

## APPLICATION FOR WELL STATUS DETERMINATION (HORIZONTAL WELL)

SERIAL NO.	
-	
AFFIDAVIT	
STATE OF	
State and Parish (County) a who, being by me first duly s	BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the foresaid, personally came and appeared (Name)
That he / she is the	(Title) of
(Applicant)	, applicant for Serial No, and in that capacity
he/she is requesting the Cor of said well pursuant to LSA	nmissioner of Conservation of the State of Louisiana to determine the status
That the well comme (Attach Form WH-1.)	nced production on
	prizontal well with the wellbore drilled laterally at an angle of at least 80 degrees to the vertical and the of at least 50 feet in the reservoir in which the well is completed for production, measured from the pinto such reservoir
	rvey and stratigraphic lateral of wellbore projection)
	Deting the well to the commencement of production is Drm STRP-WCS (Well Cost Statement))
knowledge and belief the w	sis of the documents submitted in this application, he/she has concluded that to the best of his/her vell in question qualifies as a Horizontal Well and that he/she has no knowledge of any other stent with his/her conclusion.
	Signed:
	Subscribed in my presence and duly sworn to before me, this day of
	Notary Public
	My commission expires:
	OFFICE OF CONSERVATION USE ONLY
Approved	Signed:
Denied	Date:
	Invoice No.: Payment Date: