## STATE OF LOUISIANA OFFICE OF CONSERVATION

## APPLICATION FOR WELL STATUS DETERMINATION (HORIZONTAL WELL)

SERIAL NO.	
FIELD_	
OPERATOR	
WELL NAME & NO	
APPLICATION DATE	
	AFFIDAVIT
	ALLIDAVII
PARISH (COUNTY) OF	
	BEFORE ME, the undersigned authority, duly commissioned and qualified within and for the resaid, personally came and appeared vorn, deposed and said:  (Name)
That he / she is the	_(Title)of
(Applicant)	(Title) of, applicant for Serial No, and in that capacity
he/she is requesting the Comi of said well pursuant to LSA -	missioner of Conservation of the State of Louisiana to determine the status
That the well commend (Attach Form WH-1.)	ced production on
with a horizontal displacemnt the initial point of penetration in (Attach directional surv That the cost of comple	zontal well with the wellbore drilled laterally at an angle of at least 80 degrees to the vertical and of at least 50 feet in the reservoir in which the well is completed for production, measured from into such reservoir.  vey and stratigraphic lateral of wellbore projection)  eting the well to the commencement of production is  m STRP-WCS (Well Cost Statement))
	s of the documents submitted in this application, he/she has concluded that to the best of his/her ell in question qualifies as a Horizontal Well and that he/she has no knowledge of any other ent with his/her conclusion.
Si	igned:
	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: