Revised Report	evised Report Production Year		r Organization Number			NEW YORK STATE	Department of Environmental	Division of Mineral Resources			ages			Page of	
						6	Conservation		ual Well Rep	ort L	.og Prodi	n OG	Сору	File	
Operator Information								County							
Owner															
								Town							
Address															
								Field			Formation				
City			State	Zip		Phone									
	2. Wel	l Data	<u> </u>					3	. Production ar	nd Injection	n Data				
Well Name and Number		Well API Number 31-XXX-XXXXX-XX-XX		Well Type			Gas Buyer's Meter Number	Oil Prod (bbls)	Gas Prod (MCF)	Gas Used On Lease (MCF)	Taxable Gas (MCF)	Water Prod (bbls)	Water Injected (bbls)	Tax Map and Parcel Number	
For Assistance with API Numbers Contact your Regional Office Totals												I			
								urchaser In	formation		6. Produce	<u>l</u> d Water/Bri	ne Dispositi	ion Information	
First Taker/Transporter Gas Pipeline Meter Volume (MCF) Oil Purchaser								Oil Purchaser's	Barrels	Disposition					
(or Gas Customer if Different) Number				/Transpo				Tank Number	Sold	, , , , , , , , , , , , , , , , , , , ,					
											Waste Transp	oorter:			
				1							Part 364 Pern	nit No.:			
7. Certification: I un provides that know														CL Sec. 71-1307	
Print Name and Title of Authorized Person										Remarks	::				
Ciana atom							I Barra			4					
Signature Date															

Annual Well Report Instructions

General Information

The owner or authorized agent of any unplugged oil, gas, or injection well must file an *original* Annual Well Report form with the Department of Environmental Conservation (Department) **AND** one copy with each of the local agencies listed below:

- New York State Department of Environmental Conservation, Division of Mineral Resources, 625 Broadway 3rd Floor, Albany, N.Y. 12233-6500
- Local Tax Assessor For address, contact local town offices.
- County Coordinator of Real Property Taxes For address, contact county offices.

The form must indicate the amount of oil, gas, or water produced or injected by each well during the calendar year. By law this information is for the confidential use of any agency listed above until six months after the period to which these records apply.

The Department must receive an acceptable Annual Well Report by March 31st. All operators must file a report even if the well or wells have not been in operation.

Section 1: Ownership Information

The *Production Year*, *Organizational Number*, *Owner*, and *Address* information sections have been prepopulated on the Annual Well Report form. Please review and ensure that this information is correct. If completing a blank form, input the appropriate information.

Section 2: Well Data

The *Well Name and Number*, *Well API Number*, and *Well Type* have all been prepopulated on the Annual Well Report form. Please review and ensure that the well information is correct. Please note that the *Well Type* section contains abbreviations. Oil well type abbreviations include OD, OE, and OW. Gas well type abbreviations include GD, GE, and GW. Enhanced Recovery Waterflood Injection wells are abbreviated as IW. If completing a blank form without prepopulated data, input the appropriate well information.

Section 3: Production and Injection Data

All production columns in this section must be completed; insert a 0 if no production occurred.

Months of Prod: Indicate the number of months that a well was in production or in use.

Oil Purchaser's Tank Number: For oil wells, input the appropriate Oil Purchaser's Tank Number. This number should correspond with the Purchaser Tank Number indicated in Section 5.

<u>Gas Buyer's Meter Number</u>: Indicate the identification number for the meter that recorded gas production for a well. For a personal use well without a meter, the operator must place their Organizational Number (displayed in Section 1) in this box.

Oil Prod: Input appropriate individual oil production values for each well. Do **NOT** average oil production values for wells on the same lease, but instead assign individual production values to each well.

<u>Gas Prod</u>: Total gas volume (MCF) produced by a well. If a well is for personal use and no gas meter was used, input a "1" in this column. If a well did not produce and was not in use, insert a 0.

<u>Gas Used on Lease</u>: Input the volume of gas (MCF) produced by a well, but not commercially sold. For a well used exclusively for personal use, input a "1" into this column.

<u>Taxable Gas</u>: Total volume of gas (MCF) commercially sold. Gas Prod – Gas Used On Lease = Taxable Gas.

Water Prod: Indicate the barrels water/brine produced by a well.

Water Inj: If part of an authorized EPA waterflood injection program, indicate the barrels of water injected for the appropriate well(s).

<u>Tax Map and Parcel Number</u>: Input the unique tax number assigned to the land parcel on which the specific well is located. For assistance in determining this number, please contact your local tax assessor.

Once all production data is entered, total the appropriate columns in the Totals section.

Section 4: Gas Transporter Information

<u>First Taker/Transporter</u>: Input the company or entity that first takes or transports gas from a well.

<u>Pipeline Meter Number</u>: Input the sales meter number assigned by the company or entity that first takes or transports gas.

<u>Volume Sold/Transported</u>: Input the total Volume (MCF) of gas sold or transported by a specific meter. This total Volume Sold should equal the total Taxable Gas from Section 3.

Section 5: Oil Purchaser Information

Oil Purchaser: List the name of the Oil Purchaser.

Oil Purchaser's Tank Number: Indicate the appropriate Oil tank number assigned by the Oil Purchaser.

Barrels Sold: Indicate the barrels of oil sold for each specific Oil Purchaser's Tank Number. Input a 0 if no oil was sold.

Section 6: Produced Water/Brine Disposition Information

<u>Disposition</u>: If water/brine is produced by a well or wells, indicate the disposition of the fluid. For example, indicate if water/brine was stored in a tank or hauled off site. If water/brine was hauled off of the well site, a *Waste Transporter* and their associated *Part 364 Permit* number must be included. A SPDES permit number must be included for any water/brine that was discharged utilizing a SPDES permit. If a Beneficial Use Determination (BUD) has been granted, indicate the appropriate information in the Disposition box.

Section 7: Signature/Remarks

<u>Print Name Title of Authorized Person</u>: The form must be signed by an individual listed in Box 7 of the Owner/Operator's Organizational Report (85-15-12) on file with the Department.

<u>Signature</u>: The Annual Well Report must contain an *original* signature in ink. Photocopied or stamped signatures will not be accepted. Remarks: Indicate additional remarks or comments in this section.

If this form is returned for correction, corrected forms with the *Revised Report* box check must be sent to each Agency listed above. For questions or assistance in completing the Annual Well Report, please contact the Department at the address above or by calling 518-402-8056.