

**REQUEST FOR BOP EQUIPMENT WAIVER**



THIS APPLICATION IS A LEGAL DOCUMENT. READ THE AFFIRMATION AND SIGNATURE CAREFULLY BEFORE SIGNING.

**Instructions:** Print or type in black ink. In conjunction with an Application for Permit to Drill, Deepen, Plug Back or Convert, an owner or operator may apply for a waiver from use of blowout preventer (BOP) equipment on certain wells as determined by the Department. Application to the Department for a REQUEST FOR BOP EQUIPMENT WAIVER shall be made on this form and submitted to the appropriate NYSDEC Oil and Gas Regional Minerals Manager. For assistance with completing the form, contact the appropriate Regional office.

WELL NAME AND NUMBER	NAME OF OWNER (Full name of Organization or Individual as registered with the Division)
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OWNER'S ADDRESS (P.O. Box or Street Address, City, State, Zip Code)	TELEPHONE NUMBER (    )
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**WELL LOCATION INFORMATION**

COUNTY	TOWN
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SURFACE WELL LOCATION Decimal Latitude (NAD83)                  Decimal Longitude (NAD83) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PROPOSED TARGET FORMATION
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FIELD/POOL NAME	Is the proposed well a Wildcat? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the proposed well targeting a Bass Island pool or located within one mile of an existing Bass Island well or pool as designated in 6 NYCRR Section 559.1? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe _____	Has there been prior history of blowouts, well control events or over pressured formations within a one-mile radius of the proposed well site? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe _____
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**PROPOSED WELL DATA**

WELL TYPE (check appropriate box)

<input type="checkbox"/> Oil Production	<input type="checkbox"/> Geothermal	<input type="checkbox"/> Brine	<input type="checkbox"/> Brine Disposal	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Gas Production	<input type="checkbox"/> Stratigraphic	<input type="checkbox"/> Storage	<input type="checkbox"/> Injection	_____

PROPOSED ALTERNATIVE PRESSURE OF FLOW CONTROL DEVICE(S) (check all that apply)

Diverter       Other (specify) \_\_\_\_\_

Description of any proposed alternative pressure or flow control devices and operations (check box if additional page(s) attached)

**AFFIRMATION AND SIGNATURE**

I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief. I am aware that any false statement made in this application is punishable pursuant to Section 210.45 of the Penal Law.

Printed or Typed Name of Authorized Representative (see note below)

Signature of Authorized Representative (see note below)	Date  /    /
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**Note: The Authorized Representative must be listed in Box 7 of the Organizational Report on file with the Division of Mineral Resources.**