DIVISION OF MINERAL RESOURCES





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

Instructions: Print or type in black ink. This form shall be used for application to the Department for an Approval To Flare for: 1) flaring associated with any well completion, stimulation, clean up, testing, plugging or other Department-identified operation; and 2) extension of a previously approved flaring period. Note: Flaring during well drilling is considered part of the drilling process and does not require a separate Approval to Flare from the Department, except under special circumstances as determined by the Department. For additional assistance completing this form, contact the appropriate Regional office.

WELL INFORMATION													
WELL NAME & NUMBER API WELL IDENTIFICA						N NUMB	ER						
	31		_		_								
OWNER CONTACT INFORMATION NAME (Full Name of Organization or Individual as registered with the Division)													
1. The first of Organization of Individual as registered with the Division)													
ADDRESS - Business (P.O. Box or Street Address, City, State, Zip Code)							TELEPHONE NUMBER						
						()							
ADDRESS - Night, Weekend and Holiday (P.O. Box or Street Address, City, State, Zip Code)						TELEPHONE NUMBER							
						,							
WELL LOCATION DATA													
COUNTY TOWN													
COUNTY				10mi									
FIELD/POOL NAME (or "Wildcat")				PROPOSED TARGET FORMATION OR EXISTING FORMATION									
PRESENT LAND USE(S) WITHIN ¼ MILE OF EDGE OF WELL PAD (check all that apply)													
☐ Rural ☐	☐ Rural ☐ Urban ☐ Agriculture							Other	(speci	fy below	1)		
Suburban	☐ Suburban ☐ Forest ☐ Park/Recreation												
DISTANCE IN FEET TO NEAREST PRIVATE DWELLING, PUBLIC BUILDING OR PLACE OF ASSEMBLY FROM EDGE OF WELL PAD													
Distance Describe													
PROPOSED FLARING OPERATION													
TYPE OF FLARE REQUEST (check all that apply)													
☐ Initial Approval To Flare		of Previously	☐ Exte	ension of	f Time			Other	(specif	v helow)		
Approved Flaring Period Period(s) Specified in 6								,					
NYCRR § 556.2(b)													
REASON FOR FLARING (check all that apply)													
☐ Well Completion ☐ Well Testing ☐ Other (specify below							elow)						
☐ Well Stimulation ☐ Well Plugging													
ANTICIPATED DATE FLARING ANTICIPATED DATE FLARING ESTIMATED DURATION OF FLARING OPERATION (net hour							hours)						
TO START	TO CEA	ASE											
ESTIMATED VOLUME OF GAS TO BE FLARED (Mcf)				IS ANY FLARING AT NIGHT PLANNED?									
	☐ Yes ☐ No												
ANTICIPATED MAXIMUM RATE OF FLOW (Mcf/d)				IS H₂S ANTICIPATED?									
				☐ Yes					□ No				
TAROFTE													
TARGET FORMATION FORMATION(S) (origin of gas to be flared) PERFORATION INTERVAL (note depths in ft. of top and bottom perforation)													
, , , ,				TENT OF THE PROPERTY AS (Note departs in the or top data socion perioration)									
			Тор				Botton	n 					
PREVIOUS FLARING													
HAS GAS FROM ABOVE RESERVOIR INTERVAL BEEN PREVIOUSLY				IF YES, ESTIMATED VOLUME OF GAS PREVIOUSLY FLARED (Mcf)									
FLARED UNDER DEPARTMENT-ISSUED APPROVAL(S) TO FLARE?													
☐ Yes ☐ No													
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 below note)													
Signature of Authorized Representat		Date											
							,						
Note: The Authorized Represer	ntative must be listed	I in Box 7 of the	Organization	al Reno	ort on file	e with th	ne Divisio	on of I	/linera	Resou	rces		