



AREA OF REVIEW LANDOWNER SURVEY (Unconventional Operations Only)

GENERAL INFORMATION

Unconventional operators who are planning to drill a new well are required to submit a questionnaire to landowners in an effort to identify all nearby offset wells pursuant to 25 Pa. Code Section 78a.52a (relating to area of review). As part of this process, the operator must send this questionnaire form to surrounding landowners within 1,000 feet of the proposed new well.

This questionnaire is designed to solicit information that you may have regarding the location of existing well(s) on your property. Although legacy wells may sometimes be apparent in the form of derricks or pump jacks, other evidence may be more prevalent and could include partially buried steel pipes, areas of subsidence, tanks, and small-diameter piping at the surface associated with historical gathering systems. While the landowner is not required to complete this form, this information could be useful to the operator and DEP with regard to future drilling plans.

A. OPERATOR AND WELL INFORMATION (COMPLETED BY OPERATOR OR DESIGNEE)						
Operator Name				OGO No.		
Operator Address						
City			State		Zip Code	
Operator Contact				Operator Telephone No.		Email
County of Proposed Well Site				Municipality of Proposed Well Site		
B. PROPERTY INFORMATION (LANDOWNER SHOULD COMPLETE LAST LINE IN THIS TABLE)						
Surface Landowner Name				Surface Property Tax ID No.		
Property Address				Home Address (if different than Property Address)		
City		State	Zip Code	City		Zip Code
Telephone No. (Home)		Telephone No. (Cell)		Telephone No. (Other)	Best Time of Day to Contact	

FORM QUESTIONS

1. Are you aware of any active, inactive, abandoned, orphan or plugged oil/gas wells that are anywhere on your property or, if a map has been attached, in the area of your property indicated on the map? Yes No

If no, please proceed to question 4 to complete the questionnaire.

2. a. If yes to question 1, are you able and willing to show an operator representative physical evidence of the well(s) on your property? Yes No
- b. If possible, please attach photograph(s) of the well(s) to this form submittal.
- c. Please list the number of wells on the property: _____ No. of wells

3. a. If there is no physical evidence of oil/gas wells on your property, do you have other information (e.g., historic maps, well records, other documentation, etc.) regarding oil/gas wells anywhere on your property or, if a map has been attached, in the area of your property indicated on the map that you are willing to share with the operator? Yes No
- b. If yes, it would be helpful if you could attach a copy of such documentation to this form.
4. Provided advanced notice is given, will you allow the operator access to your property to inspect wells identified on your property by you or that the operator identified from other sources? Yes No

ADDITIONAL INFORMATION

If there is any additional information about wells on your property you wish to share, or if there is someone else you think might have additional information, please include that information below your signature or as a separate attachment.

Please note that unless you respond "yes" to questions 2a or 3a, and question 4, the operator will likely not contact you for additional information.

If you wish to designate someone else to work with the operator who mailed this form to you, please provide the individual's name and contact information in the space below:

Designee name and telephone number: _____

FORM CERTIFICATION AND SIGNATURE

Form Certification: I hereby acknowledge that I have supplied true and correct information to the best of my knowledge. There is no penalty if the surface landowner does not complete this questionnaire.

Signature: _____ Date: _____

Printed Name: _____

Please return this completed form to the operator designated in Section A above or designee indicated in Section C below within ten (10) business days of receipt.

C. DESIGNEE INFORMATION (COMPLETED BY OPERATOR OR DESIGNEE, IF FORM WILL BE RETURNED TO DESIGNEE)			
Designee Name			
Designee Address			
City	State	Zip Code	
Designee Contact	Designee Telephone No.	Email	