Operator Name

Operator Address



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION OFFICE OF OIL AND GAS MANAGEMENT

AREA OF REVIEW LANDOWNER SURVEY FOR GAS WELLS AND HORIZONTAL OIL WELLS Form 8000-PM-OOGMXXXX

GENERAL INFORMATION

Oil and gas operators who are planning to drill a new gas well or horizontal oil well are required under 25 Pa. Code Chapter 78, §§78.52a and 78a.52a, to submit a questionnaire to landowners in an effort to identify all nearby offset oil and gas wells. As part of this regulation, the operator must send this questionnaire form to surrounding landowners within 1,000 feet of the proposed new well, which is shown approximately on the attached map.

This questionnaire is designed to solicit information that you may have regarding the location of existing well(s) within 1,000 feet of the proposed well. While the landowner is not required to complete this form, this information could be useful to the operator with regard to future drilling plans.

OPERATOR AND WELL INFORMATION

OGO Number

City		State	Zip			
Operator Contact			Operator Ph	none No.		
Municipality of Proposed Well Site	е		County of P	County of Proposed Well Site		
		PROPER'	TY INFORMATION			
Surface Landowner Name			Surface Property Tax ID			
Property Address			Home Address (if different than Property Address)			
City	State	Zip	City	State	Zip	
Phone No. (Home)	Home) Phone No. (Cell)		Phone No. (Other)	Phone No. (Other)		
FORM QUESTIONS						
1. Are you aware of a 1,000 feet of the p			ndoned, orphan or p ttached map)?			
2. If yes to Question evidence of the we			nd willing to show ar Yes		esentative physical	

receipt.

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3.	3. If possible, please attach photograph(s) of the well(s) to this form submittal.			
	Please list the number of wells on the property:# of wells			
4.	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 within 1,000 feet of the proposed new well that you are willing to share with the operator? YesNo			
	If yes, it would be helpful if you could attach a copy of such documentation to this form.			
5.	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 Not Applicable			
ΑC	DDITIONAL INFORMATION			
so	here is any additional information about wells on your property you wish to share, or if there is meone else you think might have additional information, please include that information below your prature or as a separate attachment.			
Ρle	ease note that unless you respond "yes" to questions 2 or 3 and question 4, the operator will likely t contact you for additional information.			
FC	ORM CERTIFICATION AND SIGNATURE			
	rm Certification: I hereby acknowledge that I have supplied true and correct information to the best my knowledge. There is no penalty if the surface landowner does not complete this questionnaire.			
Sig	gnature: Date:			
Pri	inted Name:			
Ple	ease return this completed form to the operator designated above within ten (10) business days of			