Operator Name

Operator Address



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

AREA OF REVIEW LANDOWNER SURVEY FOR VERTICAL OIL WELLS Form 8000-PM-OOGMXXXX

GENERAL INFORMATION

Oil and gas operators who are planning to drill a new vertical oil well are required under 25 Pa. Code Chapter 78, §78.52a, 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 500 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 500 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 Phone No.		
Municipality of Proposed Well Si		County of Proposed Well Site				
		PROPER	TY INFORM	MATION		
Surface Landowner Name	Surface Pro	Surface Property Tax ID				
Property Address	Home Addi	Home Address (if different than Property Address)				
City	State	Zip	City		State	Zip
Phone No. (Home)	Phone No. (Cell)		Phone No.	(Other)	Best Time of Day to Contact	
FORM QUESTIONS						
1. Are you aware of 1,000 feet of the p						
If yes to Question evidence of the w						esentative physical

receipt.

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	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
3.	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 500 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.
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?
	YesNoNot Applicable
Α[DDITIONAL INFORMATION
so	there 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 gnature or as a separate attachment.
	ease note that unless you respond "yes" to questions 2 or 3 and question 4, the operator will likely to contact you for additional information.
FC	ORM CERTIFICATION AND SIGNATURE
	orm 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.
Si	gnature: Date:
Pr	inted Name:
Ρl	ease return this completed form to the operator designated above within ten (10) business days of