FORM WH-1 Supplemental Page 3 – FILE ONLY FOR WELLS THAT HAVE BEEN HYDRAULICALLY FRACTURE STIMULATED

SERIAL NO.		WELL NAME & NO.		WORK PERMIT NO.	
OPERATOR				OPERATOR CODE	

PART I WATER SUPPLY INFORMATION

For hydraulically fractured wells, list below all water sources and corresponding water volumes used in drilling, completion, stimulation and workover operations. (Direct questions to the Groundwater Resources Section at (225) 342-8242). **NOTICE – No water obtained from a domestic well may be used in E&P operations without prior Office of Conservation authorization.**

DRILLING RIG SUPPLY

GROUND WATER SOURCE WELL # (DOTD or DNR #)	OTHER WATER SOURCE (Name of surface water body, public supply, etc.)		LOCATION (surface water sources only) LATITUDE	LONGITUDE	DRILLING RIG SUPPLY VOLUME (gallons)
		☐ PUBLIC ☐ PRIVATE			
		☐ PUBLIC ☐ PRIVATE			
		☐ PUBLIC ☐ PRIVATE			
		☐ PUBLIC ☐ PRIVATE			

HYDRAULIC FRACTURE STIMULATION

GROUND WATER SOURCE WELL # (DOTD or DNR #)	OTHER WATER SOURCE (Name of surface water body, public supply, etc.)		LOCATION (surface water sources only) LATITUDE	LONGITUDE	STIMULATION VOLUME (gallons) (hydraulic fracturing)
		☐ PUBLIC ☐ PRIVATE			
		☐ PUBLIC ☐ PRIVATE			
		☐ PUBLIC ☐ PRIVATE			
		☐ PUBLIC ☐ PRIVATE			

TOTAL GROUND WATER VOLUME USED IN ALL OPERATIONS (gallons)		NO. OF FRAC STAGES		ARE ANY OF THE ABOVE WATER SOURCES UNDER A DNR ACT 955 SURFACE WATER USE C.E.A.? ☐ YES ☐ NO IF YES, PROVIDE DNR C.E.A. # OR CHECK THIS BOX IF C.E.A IS PENDING ☐

CERTIFICATE: I certify that, to the best of my knowledge, all water used in operations conducted on this well are from the above listed sources and these sources are being used for the above listed purposes in accordance with all applicable laws and regulations. I further understand that water produced from domestic water wells shall not be used for these purposes without prior authorization by the Office of Conservation.

Signature:_____ Title: _____ Date: _____

PART II HYDRAULIC FRACTURE STIMULATION INFORMATION (ATTACH CONTINUATION PAGE(S) IF MORE SPACE IS NECESSARY)

WAS THE INFORMATION REQUIRED BY LAC 43:XIX.118 REPORTED TO A PUBLICLY ACCESSIBLE REGISTRY?	☐ YES ☐ NO
IF YES, PROVIDE THE NAME AND/OR WEB ADDRESS OF THE REGISTRY.	IF NO, USE THE AREA BELOW TO REPORT INFORMATION REQUIRED BY LAC 43:XIX.118 OR ATTACH SERVICE COMPANY DOCUMENTATION WHICH CONTAINS THIS INFORMATION.
BASE FLUID TYPE	BASE FLUID VOL (gallons)

TRADE NAME	SUPPLIER	PURPOSE	INGREDIENTS	CAS #	MAX CONC. IN ADDITIVE (% by mass)	MAX CONC. IN HF FLUID (% by mass)
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CERTIFICATE: I certify that, to the best of my knowledge, all volumes, ingredients and concentrations reported above, included in the attached service company documentation, or provided to a publicly accessible database, are correct to the best of my knowledge.

Signature:_____ Title: _____ Date: _____

WH-1 CONTINUATION PAGE - HYDRAULIC FRACTURE STIMULATION INFORMATION

(ATTACH CONTINUATION PAGE(S) IF MORE SPACE IS NECESSARY)

PAGE OF

SERIAL NO.		WELL NAME & NO.		WORK PERMIT NO.	
OPERATOR				OPERATOR CODE	

TRADE NAME	SUPPLIER	PURPOSE	INGREDIENTS	CAS #	MAX CONC. IN ADDITIVE (% by mass)	MAX CONC. IN HF FLUID (% by mass)
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CERTIFICATE: I certify that, to the best of my knowledge, all volumes, ingredients and concentrations reported above, included in the attached service company documentation, or provided to a publicly accessible database, are correct to the best of my knowledge.

Signature:____ Title: __________________________________ Date: __________