FORM WH-1 Su	pplemental	Page 3	- FILE	ONLY	FOR V	VELLS TH	HAT HAVE BE	EN HYDR	AULICALLY	FRA	CTURE	STIMULAT	ED
SERIAL NO.		WELL NA	AME &								WC NC	ORK PERMIT ).	
OPERATOR											OP	ERATOR 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 # OTHER WATER SOURCE LOCATION (surface water sources only) DRILLING RIG													
	ŧ	OTHER WATER SOURCE						LOCATION (surface water sources only)				DRILLING RIG SUPPLY	
(DOTD or	□ PUBLIC						NGITUDE		VOLUME (gallons)				
							□ PUBLIC □ PRIVATE						
							□ PUBLIC □ PRIVATE						
							□ PUBLIC □ PRIVATE						
							□ PUBLIC □ PRIVATE						
HYDRAULIC FF	RACTURE S	TIMULA	TION										
GROUND WATER SOURCE WELL #			OTHER WATER SOURCE					LOCATION (surface water source					STIMULATION VOLUME (gallons)
(DOTD or DNR #)			(Name of s	ater body	, public suppl	ly, etc.)	LA	LATITUDE LO			JDE (	hydraulic fracturing)	
							□ PUBLIC □ PRIVATE						
							□ PUBLIC □ PRIVATE						
							□ PUBLIC □ PRIVATE						
							□ PUBLIC □ PRIVATE						
TOTAL GROUND WATER VOLUME US	ED	•	NO. OF FRAC				OF THE ABOVE W			NR AC	T 955 SU	RFACE WATER	JSE C.E.A.?
IN ALL OPERATIONS (gallons)	3		STAGES			_	NO IF YE THIS BOX IF C.E		_				
CERTIFICATE: these sources a produced from d	re being use	d for the	above listed	purpos	es in a	ccordance	e with all applic	able laws	and regulation	ons.	I furthe	r understand	
Signature:						_				Dat	e:		
PART II	HYD	RAULIC	FRACTUR	STIM	ULATI	ON INFO	RMATION	ATTACH CON	NTINUATION PA	, ,		SPACE IS NECE	SSARY)
WAS THE INFORMATION REQUIRED BY LAC 43:XIX.118 REPORT					IF NO			IF NO, U					
BASE FLUID TYPE	DVIDE THE NAME AND/OR WEB ADDRESS OF THE REGISTRY.  IF NO, USE THE AREA BELOW TO REPORT INFORMATION RECLAC 43:XIX.118 OR ATTACH SERVICE COMPANY DOCUMENTA WHICH CONTAINS THIS INFORMATION.  D TYPE  IF NO, USE THE AREA BELOW TO REPORT INFORMATION RECLAC 43:XIX.118 OR ATTACH SERVICE COMPANY DOCUMENTA WHICH CONTAINS THIS INFORMATION.  BASE FLUID VOL (gallons)												
													<u> </u>
TRADE NAME	SUPPLIER		JRPOSE	INC	GREDIEN	NTS			CAS#			MAX CONC. IN ADDITIVE (% by mass)	MAX CONC. IN HF FLUID (% by mass)
OFFICE : T	Laborate of the					.1						aladi e	to the set of
company docum											ve, ınclı	uded in the af	tacned service
Signature:         Title:    Date:													

WH-1 CONTINU (ATTACH CONTINU	JATION PAGE(S)		PAGE	OF					
SERIAL NO.		WELL N	IAME &		WOR NO.	K PERMIT			
OPERATOR								RATOR CODE	
TRADE NAME	SUPPLIER		PURPOSE		INGREDIENTS	CAS#		MAX CONC. IN ADDITIVE (% by mass)	MAX CONC. HF FLUID (% by mass)
	-						$\downarrow$		
							+		
							$\perp$		
							+		
			•••				+		
ompany docur	I certify that, mentation, or	, to the b provided	est of n	ny knowle ublicly ac	edge, all volumes, ingredients and concentration cessible database, are correct to the best of many	y knowledge.		ed in the atta	ched servi
Signature:					Title:	Date:			