

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form GF-1
July 2014
Form Must Be Typed
Form must be Signed

**AFFIDAVIT FOR FLARING
FROM A MISSISSIPPI HORIZONTAL WELL**

State of _____)

) ss:

County of _____)

_____ (affiant's printed name), of lawful age and being first duly sworn alleges and states as follows:

1. I am _____ (title) for the operator named below.

2. Operator Information:

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

(Check all applicable)

- a. Evaluation and determination of whether the quality of the gas meets pipeline specifications;
- b. Evaluation and determination of whether the well is capable of producing in economic quantities.

- 3. Operator will conduct the flaring of gas from the above-located operations in a manner so as to protect all persons and property in the vicinity of the well from injury and damage.
- 4. The gas flared from the above well has been analyzed for hydrogen sulfide (H₂S) content and contains less than 25 parts per million of hydrogen sulfide.
- 5. Operator will meter, measure, or monitor the volume of gas flared, retain such information for two years, and provide such information to the Commission upon request.

The above and foregoing statements are true and correct according to my knowledge, information, and belief.

Signature of Affiant

Subscribed and sworn to before me on this _____ day of _____, 20 _____.

by _____.

Notary Public

My appointment expires: