



FOR OFFICE USE ONLY	
RECORD NO	_____
FEE	_____
BOND	_____
PLAT	_____
FWD	_____
COAL DEPTH	_____
SAMPLES	_____
PERMIT NO	_____

## APPLICATION FOR PERMIT

TYPE OR PRINT

- TO DRILL  , DEEPEN  , \_\_\_\_\_, REOPEN  \_\_\_\_\_, A WELL  
PREVIOUS PERMIT NO. PREVIOUS PERMIT NO.
- WELL OPERATOR (APPLICANT) \_\_\_\_\_  
(MUST BE IDENTICAL TO NAME ON BOND)
- PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_
- ADDRESS FOR MAILING PERMIT \_\_\_\_\_  
STREET CITY STATE ZIP
- MINERAL OWNER (LESSOR) \_\_\_\_\_  
(ATTACH ADDITIONAL SHEETS AS NEEDED – ELECTRONIC VERSION, SEE PAGE 4)  
 ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
 PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_
- COUNTY \_\_\_\_\_ WELL NUMBER \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_
- CARTER COORDINATE  FNL  FEL  
 LOCATON \_\_\_\_\_  FSL \_\_\_\_\_  FWL SEC \_\_\_\_\_ LETTER \_\_\_\_\_ NUMBER \_\_\_\_\_
- ELEVATION BEFORE GRADING \_\_\_\_\_ ELEVATION AFTER GRADING IF DIFFERENT \_\_\_\_\_  
ELEVATION CHANGES MUST BE FILED WITH THIS OFFICE PRIOR TO PLUGGING THE WELL.
- NAME OF DEEPEST GEOLOGIC FORMATION TO BE TESTED \_\_\_\_\_ MAX. TRUE VERTICAL DEPTH TO PERMIT \_\_\_\_\_
- U.S.G.S. QUADRANGLE \_\_\_\_\_  
NAME MAP YEAR

11. THIS PROPOSED WELL IS TO BE DRILLED FOR THE FOLLOWING PURPOSE:

WELL TYPE		
A. OIL <input type="checkbox"/>	D. WATER SUPPLY <input type="checkbox"/>	G. STRATIGRAPHIC TEST <input type="checkbox"/>
B. GAS <input type="checkbox"/>	E. COALBED METHANE <input type="checkbox"/>	H. OBSERVATION <input type="checkbox"/>
C. GAS STORAGE <input type="checkbox"/>	F. ENHANCED RECOVERY PRODUCTION <input type="checkbox"/>	

12. WILL THIS WELL PENETRATE COAL BEARING STRATA?  YES  NO IF YES, COMPLETE BOX BELOW

IS THE COAL OWNED, OPERATED OR LEASED BY ANY PERSON OTHER THAN THE OIL OR GAS LESSEE OR LESSOR? YES <input type="checkbox"/> NO <input type="checkbox"/>
COAL OWNER AND ADDRESS _____
COAL LESSEE AND ADDRESS _____
IF COALBED METHANE WELL, IDENTIFY COAL SEAMS TO BE PRODUCED _____
MINE STATE FILE NUMBER _____
THE UNDERSIGNED APPLICANT HAS SENT A COPY OF THIS APPLICATION AND THE WELL LOCATION PLAT BY CERTIFIED MAIL TO ALL COAL OWNERS AND OPERATORS NAMED HEREIN ON THE SAME DATE THAT THIS APPLICATION WAS MAILED TO THE DIVISION. FOR COALBED METHANE WELLS, APPLICANT MUST PROVIDE NOTIFICATION TO RELEVANT PARTIES PURSUANT TO KRS 349.015 (2), (3), (4) OR (7).

13. WILL THIS WELL BE DRILLED WITHIN THE AREA OR BUFFER ZONE OF A GAS STORAGE FIELD AS DEFINED BY THE DIVISION OF GAS AND OIL REGULATION 805 KAR 1:080? YES  NO   
 GAS STORAGE FIELD OWNER AND ADDRESS: \_\_\_\_\_

THE UNDERSIGNED APPLICANT HAS SENT A COPY OF THIS APPLICATION AND THE WELL LOCATION PLAT BY REGISTERED OR CERTIFIED MAIL TO ALL GAS STORAGE FIELD OWNERS AND OPERATORS NAMED HEREIN ON THE SAME DATE THAT THIS APPLICATION WAS MAILED TO THE DIVISION.

14. SURFACE OWNER \_\_\_\_\_  
(IF DIFFERENT FROM MINERAL OWNER) (ATTACH ADDITIONAL SHEETS AS NEEDED – ELECTRONIC VERSION, SEE PAGE 5.)  
 ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
 EMAIL ADDRESS \_\_\_\_\_

15. SURFACE OWNERS NOTIFICATION OF INTENT TO DRILL.

METHOD OF NOTIFICATION:  CERTIFIED MAIL (COPY OF LETTER AND RETURN RECEIPT ATTACHED)  
 PERSONAL DELIVERY (DATE \_\_\_\_\_) (COPY OF NOTIFICATION ATTACHED)

16. WILL THE DRILLING METHOD UTILIZE A DRILLING MUD SYSTEM? YES  NO

IF YES, UNDERSIGNED APPLICANT CERTIFIES WATER LOSS SHALL NOT EXCEED TEN (10) CUBIC CENTIMETERS IN ACCORDANCE WITH 805 KAR 1:020(1)(C).

17. IS THIS PROPOSED WELL LOCATED ON, OR WILL IT BE NECESSARY TO CROSS LAND WHICH IS CURRENTLY UNDER PERMIT OR BOND BY A COAL OPERATOR AS REQUIRED BY KRS CHAPTER 350? \_\_\_\_\_ YES  NO

IF YES, LIST THE NAME AND ADDRESS OF CURRENT BONDED OPERATOR \_\_\_\_\_  
NAME

\_\_\_\_\_ STREET CITY STATE ZIP

HAS THE APPLICANT MET AND CONFERRED WITH, OR OFFERED TO MEET AND CONFER WITH THE BONDED OPERATOR? \_\_\_\_\_ YES  NO

18. IS THE PROPOSED WELL A POOLED OR UNITIZED WELL? \_\_\_\_\_ YES  NO

IF YES, BY WHAT AUTHORITY DOES THE APPLICANT HAVE TO POOL OR UNITIZED THIS PROPOSED WELL?

19. IS THE PROPOSED WELL A TWIN WELL TO AN EXISTING WELL(S)? \_\_\_\_\_ YES  NO

IF YES, WHAT IS THE PERMIT NUMBER(S) FOR THE EXISTING WELL(S)? \_\_\_\_\_

WHAT IS THE PRODUCING FORMATION AND INTERVAL OF THE EXISTING WELL(S)?

DESCRIBE THE MEASURES TO BE TAKEN TO ENSURE THAT THE TWIN WELLS WILL NOT PRODUCE FROM THE SAME RESERVOIR.

20. IS THIS PROPOSED WELL A HORIZONTAL OR DEVIATED WELL? \_\_\_\_\_ YES  NO

IF YES, INDICATE THE LOCATION OF THE ENDPOINT OF THE WELLBORE BELOW.

CARTER  FNL  FEL  
COORDINATES \_\_\_\_\_  FSL \_\_\_\_\_  FWL SEC \_\_\_\_\_ LETTER \_\_\_\_\_ NUMBER \_\_\_\_\_

WHAT IS THE PROPOSED TOTAL MEASURED DEPTH OF THE WELLBORE? \_\_\_\_\_

21. IF APPLICANT IS AN ENTITY OTHER THAN AN INDIVIDUAL (I.E. SOLE PROPRIETORSHIP), THE APPLICANT MUST BE REGISTERED AND IN GOOD STANDING WITH THE KENTUCKY SECRETARY OF STATE'S OFFICE. PLEASE INDICATE TYPE OF ENTITY (INCLUDING BUT NOT EXCLUSIVE TO LIMITED LIABILITY COMPANY, CORPORATION, PARTNERSHIP, OR OTHER BUSINESS FORM) AND STATE OF INCORPORATION OR REGISTRATION, IF APPLICABLE.

\_\_\_\_\_ TYPE OF ENTITY STATE OF INCORPORATION OR REGISTRATION

22. IF ANY ENTITY OTHER THAN A SOLE PROPRIETORSHIP, SIGNATORY MUST BE AN OFFICER OF THE ENTITY OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS. IF A SOLE PROPRIETORSHIP, SIGNATORY MUST BE SAME OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS.

THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THAT THE FOREGOING FACTS GIVEN IN THIS APPLICATION ARE TRUE AND THEREIN SET FORTH. THE APPLICANT ACKNOWLEDGES THAT OTHER LOCAL, STATE AND FEDERAL LAWS MAY APPLY TO A WELL DRILLED AT THIS LOCATION.

Signature of Operator \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Sworn To and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

ALL APPLICATIONS MUST BE NOTARIZED, FILE THIS APPLICATION ALONG WITH A PERMIT FEE OF \$350.00 AND ONE (1) ORIGINAL AND TWO (2) COPIES OF THE WELL LOCATION PLAT. ALL BLANKS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE REJECTED.

APPLICATION FOR PERMIT  
(Attachment Page for Question #5)

5a. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

5b. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

5c. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

5d. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

5e. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

5f. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

5g. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

5h. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

5i. MINERAL OWNER (LESSOR) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_ LEASE EXPIRATION DATE \_\_\_\_\_

APPLICATION FOR PERMIT  
(Attachment Page for Question #14)

14a. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

14b. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

14c. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

14d. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

14e. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

14f. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

14g. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

14h. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

14i. SURFACE OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_