

DEPARTMENT FOR NATURAL RESOURCES

DIVISION OF OIL AND GAS

P. O. BOX 2244

FRANKFORT, KY 40602

Phone: (502) 573-0147



**Operator Certification of
Formation Offset
and Vertical Depth**

Operator Name _____ Permit Number _____

Mineral Owner (Lessor) _____ Well Number _____

Carter Coordinate FNL FEL
 FSL FWL Section _____ Letter _____ Number _____

Lateral offset in feet from the wellsite to the top of the formation and the bottom (target) of the formation and the true vertical depth:

FORMATION NAME	LATERAL OFFSET TOP OF FM.	TRUE VERTICAL DEPTH TOP OF FM.	LATERAL OFFSET BOTTOM OF FM. OR TARGET	TRUE VERTICAL DEPTH BOTTOM OF FM OR TARGET
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Lateral offset to coal seam(s) and true vertical depth if drilling directionally or horizontally through a coal seam:

LATERAL OFFSET TOP OF COAL SEAM	TRUE VERTICAL DEPTH TOP OF COAL SEAM	LATERAL OFFSET BOTTOM OF COAL SEAM	TRUE VERTICAL DEPTH BOTTOM OF COAL SEAM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

OPERATOR SIGNATURE _____ TITLE _____

DATE _____