

COMMONWEALTH OF KENTUCKY
 DEPARTMENT FOR NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 300 SOWER BLVD
 FRANKFORT, KY 40601
 502-573-0147

**AFFIDAVIT TO TIME AND MANNER
 OF PLUGGING AND FILLING WELL
 AS REQUIRED BY LAW**

(TYPE OR PRINT IN INK)

NAME AND ADDRESS OF LAST OPERATOR _____

E-MAIL ADDRESS OF LAST OPERATOR _____

NAME AND ADDRESS OF ORIGINAL OPERATOR _____

NAME AND ADDRESS OF COAL OPERATOR _____

PERMIT NO. _____ ELEVATION _____ COUNTY _____ TOTAL DEPTH _____

CARTER _____ FNL _____ FEL _____
 COORDINATES _____ FSL _____ FWL _____ SEC _____ LETTER _____ NUMBER _____

MINERAL OWNER (LESSOR) _____ WELL NUMBER _____

_____, OPERATOR OF THE ABOVE CAPTIONED WELL DOES
 HEREBY SWEAR THAT THE PLUGGING OF SAID WELL WAS COMPLETED ACCORDING TO INSTRUCTIONS FROM THE OIL AND
 GAS INSPECTOR AND ACCORDING TO CHAPTER 353 OR 349 OF THE KENTUCKY REVISED STATUTES ON
 _____, RECORD OF WHICH IS LISTED BELOW OR SHOWN ON THE BACK OF THIS FORM.
 (PLUGGED DATE)

	(BOTTOM)	(TOP)	(PLUG DESCRIPTION)
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____

INDICATE BELOW THE SIZE AND INTERVAL OF ALL CASING LEFT IN THE WELL AND IF AND WHERE IT WAS SHOT OFF:

CASING SIZE _____, INTERVAL _____, SHOT OFF AT _____ BOTTOM OF CASING AT _____

CASING SIZE _____, INTERVAL _____, SHOT OFF AT _____ BOTTOM OF CASING AT _____

IF CASING WAS NOT LEFT IN THE WELL, INDICATE THE BORE HOLE SIZE AND INTERVAL:

CASING SIZE _____ INTERVAL _____

CASING SIZE _____ INTERVAL _____

DID PLUGGING OPERATION INCLUDE DOWN-HOLE DISPOSAL OF TENORM WASTE? YES NO

IF YES, INDICATE TENORM WASTE INTERVAL IN WELLBORE: FROM _____ TO _____

AFFIDAVIT TO BE MADE IN TRIPLICATE, ONE ORIGINAL TO BE MAILED TO THE DIVISION OF OIL AND GAS, ONE COPY TO BE
 RETAINED BY THE WELL OPERATOR AND THE THIRD TO BE MAILED BY CERTIFIED MAIL TO EACH COAL OPERATOR NAMED
 AT THEIR RESPECTIVE ADDRESSES.

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.

(OPTIONAL) SIGNATURE OF CONTRACTOR RESPONSIBLE FOR ABOVE PLUGGING TITLE DATE

(REQUIRED) SIGNATURE OF OPERATOR RESPONSIBLE FOR ABOVE PLUGGING TITLE DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS DATE _____ DAY OF _____ 20_____

MY COMMISSION EXPIRES _____

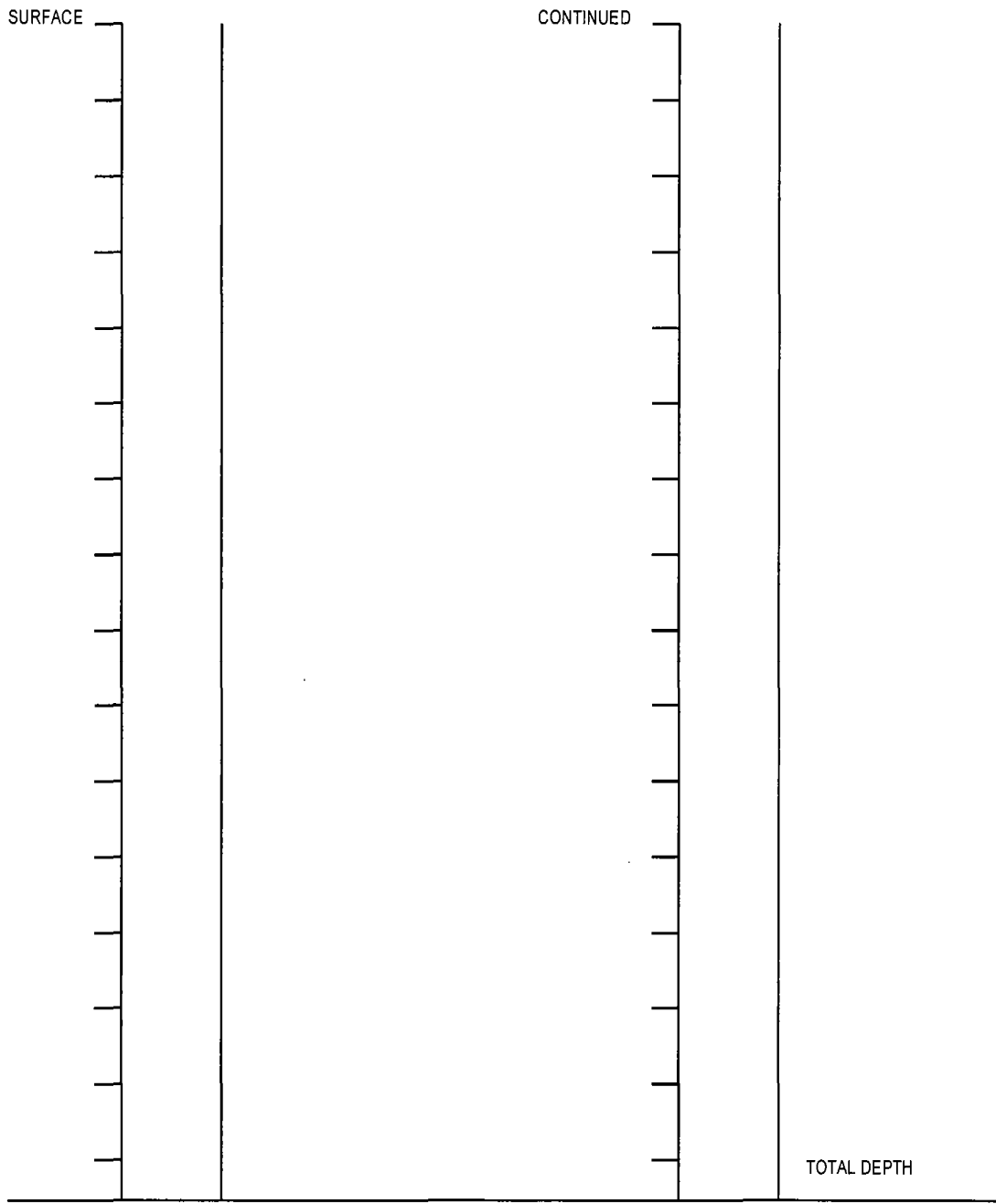
NOTARY PUBLIC

CEMENT TABLE

HOLE SIZE	2"	3"	4"	5"	6 1/2"	8"	8 1/2"	8 3/4"	10"	12"	16"
NO. FT. FILLED PER SACK OF CEMENT*	45'	20'	11'	7'	4'	2 3/4'	2 1/2'	2 1/3'	2'	1'	1/2'

*1 CUBIC FOOT PER SACK

GRAPHICALLY SHOW BELOW THE LOCATION AND INTERVAL OF ALL PLUGS INSTALLED.



IF THE WELL IS TO BE LEFT AS A DOMESTIC WATER WELL, PLUG ACCORDING TO THE INSPECTOR'S INSTRUCTIONS, COMPLETE THIS FORM ON BOTH SIDES AND HAVE THE FOLLOWING AFFIDAVIT SIGNED BY THE REAL ESTATE OWNER.

AFFIDAVIT

I, _____, THE OWNER OF THE REAL ESTATE ON WHICH THIS WELL WAS DRILLED, DESIRE THAT THE WELL BE LEFT OPEN FROM THE FRESH WATER ZONE TO THE SURFACE FOR USE AS A WATER WELL AND DO HEREBY ACCEPT THE FULL RESPONSIBILITY FOR SAID WATER WELL. THE OIL OPERATOR REMAINS RESPONSIBLE FOR ALL PLUGS BELOW THE FRESH WATER ZONE.

SIGNATURE OF OWNER OR HIS AGENT

DATE