

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



Temporary Abandonment Permit

Permit No _____

Well Operator _____

Permanent Address _____
STREET CITY STATE ZIP

Phone _____ Email _____

Mineral Owner _____ Well No _____ County _____

Carter Coordinate Location

FNL FEL
 FSL FWL SEC _____ LETTER _____ NUMBER _____

Total Depth _____ Casing Size _____ Casing Depth _____

Casing Cemented With _____ Sacks of Cement from _____ to _____

Well head is sealed at the top by _____

The reason for a request for temporary abandonment is _____

The lease on this property expires _____

The amount of time needed for this Temporary Abandonment Permit _____

I, the operator of the above named lease, hereby certifies that the above information is true and accurate on this date, and request a Temporary Abandonment Permit be approved.

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.

Signature of Operator _____ Title _____

Printed Name _____ Date _____

I have inspected the referenced well and verified there are no surface leaks or discharges from the wellhead.

The Temporary Abandonment Permit shall expire on _____

Date Inspector's Signature

Temporary Abandonment Approval _____
Director, Division of Oil and Gas Date