

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
P.O. BOX 2244
FRANKFORT, KY 40602
PHONE: 502-573-0147

APPLICATION FOR PERMIT FOR USE OF VACUUM

OPERATOR: _____

ADDRESS: _____

E-MAIL: _____

LEASE NAME: _____

COUNTY: _____

Well No.	Carter Coordinate Spot Locations	Permit No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any producing wells on premises within one thousand feet of the above listed wells owned by an operator other than yourself? Yes No

Offset operators to whom notice has been given:

Type of unit to be installed: _____

Formation to which vacuum is to be applied: _____

I hereby certify the above information is correct to the best of my knowledge.

Signature of Applicant

INSTRUCTIONS: Use a separate application form for each lease. Only one copy need be filed. If Carter Coordinate locations cannot be furnished, the wells may be shown on a 7-1/2 minute topographic map and attached to this application. The map will be returned upon request.