

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



<b>FOR OFFICIAL USE ONLY</b>
<b>FR No:</b>

## APPLICATION FOR CLASS II INTERNAL MECHANICAL INTEGRITY TEST

Well Owner/Operator \_\_\_\_\_

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

### WELL INFORMATION

D.O.G. Permit No \_\_\_\_\_ EPA Identification No KYS \_\_\_\_\_

Well Type: SRI  SWD  Well Status: Shut-In  Active Injection

Mineral Owner Name \_\_\_\_\_ Well No \_\_\_\_\_ County \_\_\_\_\_

Carter Coordinate  FNL  FEL  
Location  FSL  FWL SEC \_\_\_\_\_ LETTER \_\_\_\_\_ NUMBER \_\_\_\_\_

Date of Last Internal Mechanical Integrity Test: \_\_\_\_\_  
Month, Day, Year

Injection Type: Tubing/Packer Assembly  Casing Injector

The undersigned operator of the above-referenced Class II well is requesting an Internal Mechanical Integrity Test to be scheduled by the Division of Oil & Gas in compliance of 805 KAR 1:110.

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

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