

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

For Office Use Only
Testing Permit Fee: \$25.00
Record No. _____
Fee Received _____

APPLICATION FOR TESTING PERMIT

Applicant Name _____

Permanent Address _____

STREET CITY STATE ZIP

Address for Mailing Permit _____

STREET CITY STATE ZIP

Email Address _____

IDENTIFICATION OF WELL TO BE TESTED:

Permit Number _____ County _____ Well No. _____

Mineral Owner _____

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

Is there a complete severance of the ownership of the oil and gas from the ownership of the surface area to be disturbed by the investigation? Yes No If yes, then the applicant must fulfill the requirements of 805 KAR 1:170.

By what right do you have to enter the property upon which this well is located?

Describe the methods of investigation

The applicant acknowledges other local, state and federal laws may apply to the testing of this well. The applicant certifies the well will be closed at the surface as directed by the Division of Oil and Gas following testing should the applicant elect **not** to bond the well.

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.

The undersigned hereby swears or affirms the foregoing facts given in this application are true as set forth. Dated this _____ day of _____, 20_____.

Signature of Applicant Title Print or Type Name of Applicant

Sworn To and Subscribed Before Me This _____ Day of _____, 20_____

My Commission Expires Notary Public