

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



Casing and Cementing Plan

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 _____

CASING INFORMATION

| TYPE | OD SIZE | WT/FT GRADE NEW OR USED | DEPTH |
|------|---------|-------------------------|-------|
| | | | |
| | | | |
| | | | |

CEMENT INFORMATION

| CASING | HOLE SIZE | SACKS | CLASS | WEIGHT | ADDITIVES |
|--------|-----------|-------|-------|--------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

BLOW-OUT PREVENTER INFORMATION

| BRAND | TYPE | WORKING PRESSURE | TEST PRESSURE |
|-------|------|------------------|---------------|
| | | | |

SCHEMATIC SHOWING HOLE SIZE & DEPTH OF EACH CASING STRING

I certify that the above information is true, accurate and complete to the best of my knowledge.

Operator _____ Date _____

The Director of the Division of Oil and Gas, Department for Natural Resources, hereby approves of this Casing and Cementing Plan for the above-referenced location.

Director _____ Date _____