

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



# REPORT OF INVESTIGATION FOR TESTING PERMIT

## WELL IDENTIFICATION

PERMIT \_\_\_\_\_

OPERATOR \_\_\_\_\_

MINERAL OWNER \_\_\_\_\_

WELL \_\_\_\_\_ COUNTY \_\_\_\_\_

### CARTER COORDINATE LOCATION

FNL \_\_\_\_\_ FEL \_\_\_\_\_  
 FSL \_\_\_\_\_ FWL \_\_\_\_\_ SEC \_\_\_\_\_ LTR \_\_\_\_\_ NO \_\_\_\_\_

## CONDITION OF WELLHEAD AT SURFACE

(CHECK ONE)

SHUT-IN W/VALVE  PUMPJACK (CONNECTED TO RODS/TUBING)

OPEN CASING  PUMPJACK (DISCONNECTED)

OTHER  EXPLAIN \_\_\_\_\_

## Was Crude Oil/Produced Water Recovered

During Testing Process?  YES  NO

IF YES: CRUDE OIL  WATER

AMOUNT \_\_\_\_\_ BBLS

Describe how the crude oil/produced water was disposed?

\_\_\_\_\_  
 \_\_\_\_\_

## TEST VOLUMES

OIL \_\_\_\_\_ BOPD \_\_\_\_\_ DATE \_\_\_\_\_

GAS \_\_\_\_\_ MCFD \_\_\_\_\_ DATE \_\_\_\_\_

AGAINST BACKPRESSURE OF \_\_\_\_\_ PSI

## LIST SPECIALIZED TESTS (DST'S, FILL-UP TESTS)

FORMATION NAME \_\_\_\_\_ INTERVAL \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## GEOPHYSICAL LOGS RUN

(ELECTRICAL, INDUCTION, SONIC, GAMMA RAY, NEUTRON, DENSITY, ETC.)

TYPE	FROM	TO
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL DEPTH \_\_\_\_\_

## CASING DATA (INCLUDING TUBING PULLED)

OUTSIDE DIAMETER	HOLE DIAMETER	DEPTH	CEMENT NO.SKS	PULLED YES/NO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## ADDITIONAL CEMENTING

SQUEEZE CEMENT \_\_\_\_\_ SKS \_\_\_\_\_ INTERVAL \_\_\_\_\_

PLUG BACK \_\_\_\_\_ SKS \_\_\_\_\_ INTERVAL \_\_\_\_\_

FOR OFFICE USE ONLY
OPERATOR NO _____
BOND NO _____

I request this well be transferred to our bond:

Yes

No

If yes, please sign below:

Attest: I, the undersigned successor to the well listed on the first page of this document, request the Division of Oil and Gas, to transfer and place this well under my bond. Thereby, I am assuming complete responsibility for it under KRS Chapter 353 and the rules and regulations promulgated thereunder.

Note: if well is stimulated (acidized or hydraulically fractured) after well is bonded, operator must file a revised Well Log and Completion Report (Form OG-3).

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 Applicant \_\_\_\_\_

Title \_\_\_\_\_

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

Date \_\_\_\_\_

If no, please sign below:

I, the undersigned, have closed the well at the surface in accordance with 805 KAR 1:010.

Signature of Applicant \_\_\_\_\_

Title \_\_\_\_\_

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

Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public