

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 _____

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 _____

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
_____	_____
_____	_____
_____	_____

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