Form 1C STATE OF WYOMING											API#:			
May, 2015 OIL AND GAS CONSERVATION COMMISSION											Consultant:			
Office of State Oil and Gas Supervisor											Phone Number:			
P. O. Box 2640											Address:			
Casper Wyoming 82602											Contact Person:			
Baseline Water Sampling Plan											Well Information			
Zustant utt. Sumpang Lum											Anticipated Spud Date:			
1. Type Well: Oil Gas CBM					Injection Other						County:			
												Well Name & No.:		
Operator:											Reservoir:			
						On	Contact				Field Name:			
Address:				1		Pers	on:				Quarter- Quarter, Section, Township and Range:			
Phone Number (w/ area code): Multi Well Pad?														
Email:					Yes No						Elevation (KB): GL:			
Footages:		If Yes, is it the 1st or a Subsequent Well?							Latitude:					
BHL:					1st Subsequent						Longitude:			
Sampling Plan														
Type of Sampling Plan: Available Water Source														
		SEO Permit		Latitude		de	Longitude		Type of	Flow	Radial	AWSID#		
Master Plan Note Plan Name and WOGCC Approval Date Below.		Number							Source	Direction	Pattern	(WOGCC		
Note Plan Name an	1						ļ							
Appendix K		2												
(Sampling & Analysis Procedures)														
Appendix K w/ Variations		3												
Please attach Appendix K Variations and														
Reasons		4	4											
			List All W	ater	Sources	within	1/2 1	nile o	of Prop	osed SHL				
SEO # Latitude			Longitude	Qtr	Qtr Section						n why this source was or was not chosen			
I hereby certify that the foregoing as to any work or operation performed is a true and correct report of such work or operations														
Name (Printed or Typed): Title:														
Signature: Date:														
(The space below is for State office use) Conditions of approval, if any:														
Approval Date:														
Approved By:														
	State Oil and Gas St	iperv	isor											
Approvals sent:														