

COMMONWEALTH OF KENTUCKY
 DEPARTMENT FOR NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 http://oilandgas.ky.gov
 300 Sower Blvd.
 Frankfort, KY 40601
 Phone: (502) 573-0147 Fax: (502) 564-4245



Casing and Cementing Plan as
 Required for Permit per 805
 KAR 1:130 and 805 KAR 1:140

WELL OPERATOR (APPLICANT) _____
 (MUST BE IDENTICAL TO NAME ON BOND)

MINERAL OWNER (LESSOR) _____

COUNTY _____ Street _____ WELL NUMBER _____ City _____ ELEVATION _____

Farm Name: _____ Well Number: _____ County: _____

Well Surface Carter FNL FEL
 Location Coordinates: _____ FSL _____ FWL SEC ____ LTR ____ NO. ____

HORIZONTAL/DIRECTIONAL WELLS	
PROPOSED MEASURED DEPTH _____	PROPOSED TRUE VERTICAL DEPTH _____
PROPOSED LATERAL LENGTH _____	
COMPLETION METHOD: <input type="checkbox"/> PACKER SYSTEM <input type="checkbox"/> PRODUCTION CASING W/PLUGS	
No. of Stages: _____	

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			
Blow-Out Preventer shall conform to technical requirements of 805 KAR 1:030 (4)			
BRAND	TYPE	WORKING PRESSURE	TEST PRESSURE

SCHEMATIC SHOWING HOLE SIZE & DEPTH OF EACH CASING STRING
 (For Horizontal or Directional Well attach Wellbore-Casing Schematic Diagram)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

OPERATOR: _____ DATE SIGNED _____

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 SIGNED: _____