



(TYPE OR PRINT IN INK)

**WELL IDENTIFICATION**

PERMIT NUMBER \_\_\_\_\_

OPERATOR \_\_\_\_\_

FARM NAME \_\_\_\_\_ WELL NO. \_\_\_\_\_

COUNTY \_\_\_\_\_

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

**CONDITION OF WELLHEAD AT SURFACE: (Check One)**

Shut-in w/valve:  Pumpjack (connected to tubing/rods):

Open casing:  Pumpjack (disconnected):

Other:  \_\_\_\_\_

Explain \_\_\_\_\_

**GEOPHYSICAL LOGS RUN**

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

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

**Was Crude Oil/Produced Water Retrieved During Testing Process?**

Yes  No

If Yes: Crude Oil   
 Water

Amount: \_\_\_\_\_ BBLs.

Describe how the crude oil/produced water was disposed of?  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**CASING DATA (include tubing pulled)**

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

**TEST VOLUMES**

**OIL:** \_\_\_\_\_ BOPD \_\_\_\_\_ DATE \_\_\_\_\_

**GAS:** \_\_\_\_\_ MCFD \_\_\_\_\_ DATE \_\_\_\_\_

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

**ADDITIONAL CEMENTING**

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

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

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

FORMATION NAME	INTERVAL
_____	_____
_____	_____
_____	_____

**SIGNATURE OF OPERATOR** \_\_\_\_\_

**TITLE**

**DATE**

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2013

MY COMMISSION EXPIRES: \_\_\_\_\_,

NOTARY PUBLIC

TESTING PERMIT  
REPORT OF INVESTIGATION

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PERMIT NUMBER: \_\_\_\_\_

CTRL #:	_____
OPERATOR NUMBER:	_____
BOND NUMBER:	_____

I REQUEST THIS WELL TO BE TRANSFERRED TO OUR BOND:  
(IF YES, PLEASE SIGN BELOW)

YES

NO

ATTEST: I, THE UNDERSIGNED, SUCCESSOR TO THE WELL LISTED ON THE FIRST PAGE OF THIS DOCUMENT, REQUEST THE DIVISION OF OIL AND GAS, DEPARTMENT FOR NATURAL RESOURCES 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.

\_\_\_\_\_  
SIGNATURE OF OPERATOR

\_\_\_\_\_  
DATE

NOTE: IF WELL IS STIMULATED (ACIDIZED OR HYDRAULICALLY FRACTURED) AFTER WELL IS BONDED, OPERATOR MUST FILE A REVISED WELL LOG AND COMPLETION REPORT (FORM ED-3).