

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
POST OFFICE BOX 2244
FRANKFORT, KY 40601
PHONE: 502-573-0147
http://oilandgas.ky.gov

FOR OFFICE USE ONLY
RECORD NO. _____
FEE: _____

APPLICATION FOR TESTING PERMIT

APPLICANT NAME: _____

PERMANENT ADDRESS: _____

ADDRESS FOR MAILING PERMIT: _____

IDENTIFICATION OF WELL TO BE TESTED:

PERMIT #: _____ COUNTY: _____ WELL #: _____
MINERAL OWNER: _____

CARTER COORDINATES: _____ FNL _____ FEL _____
FSL _____ FWL, SEC _____ LTR _____ NUMBER _____

IS THERE A COMPLETE SEVERANCE OF THE OWNERSHIP OF THE OIL AND GAS FROM THE OWNERSHIP OF THE SURFACE AREA TO BE DISTURBED BY THE INVESTIGATION? _____ YES _____ NO
(IF YES, THEN THE APPLICANT MUST FULFILL THE REQUIREMENTS OF 805 KAR 1:170.)

BY WHAT RIGHT DO YOU HAVE TO ENTER THE PROPERTY UPON WHICH THIS WELL IS LOCATED?

DESCRIBE THE METHODS FOR INVESTIGATION: _____

THE APPLICANT ACKNOWLEDGES OTHER LOCAL, STATE AND FEDERAL LAWS MAY APPLY TO THE TESTING OF THIS WELL.

THE UNDERSIGNED HEREBY SWEARS OR AFFIRMS THE FOREGOING FACTS GIVEN IN THIS APPLICATION ARE TRUE AS THEREIN SET FORTH. DATED THIS _____ DAY OF _____, _____.

IF A CORPORATION, SIGNATORY MUST BE AN OFFICER OF THE COMPANY OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS. IF A PRIVATE INDIVIDUAL, SIGNATORY MUST BE SAME OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS.

SIGNATURE OF APPLICANT TITLE

PRINT OR TYPE NAME OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____

MY COMMISSION EXPIRES: _____, _____
NOTARY PUBLIC

THIS PERMIT DOES NOT AUTHORIZE ANY DRILLING.

