## COMMONWEALTH OF KENTUCKY DEPARTMENT FOR NATURAL RESOURCES DIVISION OF OIL AND GAS P. O. Box 2244 Frankfort, KY 40602 Phone: (502) 573-0147 Fax: (502) 573-1099 http://oilandgas.ky.gov (TYPE OR PRINT IN INK)



AFFIDAVIT TO TIME AND MANNER OF PLUGGING AND FILLING WELL AS REQUIRED BY LAW

NAME AND ADDRESS OF LA	AST OPERATOR			
E-MAIL ADDRESS OF LAST	OPERATOR			
NAME AND ADDRESS OF O	RIGINAL OPERATOR			
E-MAIL ADDRESS OF ORIG	INAL OPERATOR			
NAME AND ADDRESS OF C	OAL OPERATOR			
E-MAIL ADDRESS OF COAL PERMIT NO.		TION COU	INTYTOTAL DEPTH	——— н
		FEL SEC		
COORDINATES	LI FSL	LI FWL SEC	LETTER NUMBER	
FARM OWNER (LESSOR)_			WELL NUMBER	
	BY REGISTERED MAIL TO EAC AFFIDAVIT } SS:	H COAL OPERATOR NAMED AT TH		
	CCORDING TO INSTRUCTION	S FROM THE OIL AND GAS INSPE	E CAPTIONED WELL DOES HEREBY SWEAR THAT THE PLU ECTOR AND ACCORDING TO CHAPTER 353 OF THE KEN	
STATUTES ON(PLUGGE		CH IS LISTED BELOW OR SHOWN (	ON THE BACK OF THIS FORM.	
(BOTT PLUGGED: FROM_	TOM) (TOP)	WITH	(PLUG DESCRIPTION)	
	то			
	то			
PLUGGED: FROM	то	WITH		
PLUGGED: FROM	TO	WITH		
PLUGGED: FROM	TO	WITH		
PLUGGED: FROM	то	WITH		
PLUGGED: FROM	TO	WITH		
INDICATE BELOW	THE SIZE AND INTERVAL OF	ALL CASING LEFT IN THE WELL AI	ND IF AND WHERE IT WAS SHOT OFF:	
CASING SIZE	, INTERVAL	, SHOT OFF AT	BOTTOM OF CASING AT	_
CASING SIZE	, INTERVAL	, SHOT OFF AT	BOTTOM OF CASING AT	_
CASING SIZE	, INTERVAL	, SHOT OFF AT	BOTTOM OF CASING AT	_
IE CASING WAS N	OT LEET IN THE WELL INDICA	ATE THE BORE HOLE SIZE AND INT	FEDVAL:	
	OT LETT IN THE WELL, INDICA		ILIVAL.	
			<del></del>	
(OPTIONAL) SI		RESPONSIBLE FOR ABOVE PLUGGI	ING TITLE	
(6. 116.112)				
(REQUIRED) SI	GNATURE OF WELL OPERATO	R (AUTHORIZED AGENT)	TITLE	
SW	ORN TO AND SUBSRIBED BEF	FORE ME THIS DATE	DAY OF	
			Notary Public	
			.,	
MY COMMISSION EXPIRES FORM ED-38 (REV. 10/07)	<u>:</u>			

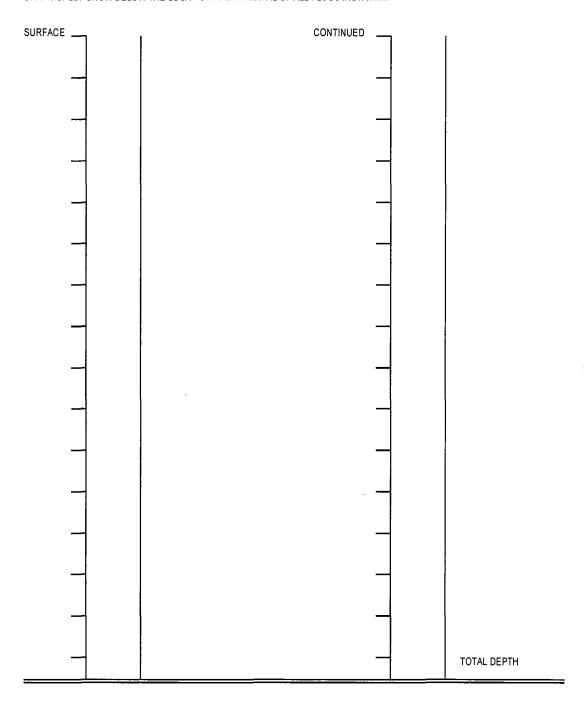
CONTINUED

## CEMENT TABLE

HOLE SIZE	2"	3"	4"	5"	6 1/2"	8"	8 1/2"	8 3/4"	10"	12"	16"
NO. FT. FILLED PER SACK OF CEMENT*	45'	20'	11'	7'	4'	2 3/4'	2 1/2'	2 1/3'	2'	1'	1/2'

<sup>\*1</sup> CUBIC FOOT PER SACK

GRAPHICALLY SHOW BELOW THE LOCATION AND INTERVAL OF ALL PLUGS INSTALLED.



IF THE WELL IS TO BELEFT AS A DOMESTIC WATER WELL, PLUG ACCORDING TO THE INSPECTOR'S INSTRUCTIONS, COMPLETE THIS FORM ON BOTH SIDES AND HAVE THE FOLLOWING AFFIDAVIT SIGNED BY THE REAL ESTATE OWNER.

## **AFFIDAVIT**

1,	, INCOMMENDE	THE VEAL COLUMN ON MUNICIPALITY	MELL MAS DUILLED
DESIRE THAT THE WELL BE LEFT OPEN FROM	THE FRESH WATER ZONE TO THE SURF	ACE FOR USE AS A WATER WELL AI	ND DO HEREBY
ACCEPT THE FULL RESPONSIBILITY FOR SAID	WATER WELL. THE OIL OPERATOR REN	MAINS RESPONSIBLE FOR ALL PLUG	S BELOW THE FRESH
WATER ZONE.			

DATE

SIGNATURE OF OWNER OR HIS AGENT