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

AFFIDAVIT TO TIME AND MANNER OF PLUGGING AND FILLING WELL
AS REQUIRED BY 805 KAR 1:110

(TYPE OR PRINT IN INK)

_____
NAME AND ADDRESS OF LAST OPERATOR

_____
E-MAIL ADDRESS OF LAST OPERATOR

_____
NAME AND ADDRESS OF ORIGINAL OPERATOR

_____
E-MAIL ADDRESS OF ORIGINAL OPERATOR

_____
NAME AND ADDRESS OF COAL OPERATOR

_____
E-MAIL ADDRESS OF COAL OPERATOR

PERMIT NO._____ ELEVATION_____ COUNTY_____ TOTAL DEPTH_____

CARTER COORDINATES _____ ☐ FNL ☐ FSL _____ ☐ FEL ☐ FWL SEC_____ LETTER_____ NUMBER_____

FARM OWNER (LESSOR)_____ WELL NUMBER_____

AFFIDAVIT TO BE MADE IN TRIPLICATE, ONE COPY TO BE MAILED TO THE DIVISION OF OIL AND GAS, ONE COPY TO BE RETAINED BY THE WELL OPERATOR AND THE THIRD TO BE MAILED BY REGISTERED MAIL TO EACH COAL OPERATOR NAMED AT THEIR RESPECTIVE ADDRESSES.

AFFIDAVIT

STATE OF KENTUCKY,
COUNTY OF _____ } SS:

_____, OPERATOR OF THE ABOVE CAPTIONED WELL DOES HEREBY SWEAR THAT THE PLUGGING OF SAID WELL WAS COMPLETED ACCORDING TO INSTRUCTIONS FROM THE OIL AND GAS INSPECTOR AND ACCORDING TO CHAPTER 353 OF THE KENTUCKY REVISED STATUTES ON _____, RECORD OF WHICH IS LISTED BELOW OR SHOWN ON THE BACK OF THIS FORM.

	(PLUGGED DATE) (BOTTOM)	(TOP)	(PLUG DESCRIPTION)
PLUGGED:	FROM_____	TO_____	WITH_____
PLUGGED:	FROM_____	TO_____	WITH_____
PLUGGED:	FROM_____	TO_____	WITH_____
PLUGGED:	FROM_____	TO_____	WITH_____
PLUGGED:	FROM_____	TO_____	WITH_____
PLUGGED:	FROM_____	TO_____	WITH_____
PLUGGED:	FROM_____	TO_____	WITH_____
PLUGGED:	FROM_____	TO_____	WITH_____

INDICATE BELOW THE SIZE AND INTERVAL OF ALL CASING LEFT IN THE WELL AND 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 _____

IF CASING WAS NOT LEFT IN THE WELL, INDICATE THE BORE HOLE SIZE AND INTERVAL:

CASING SIZE _____ INTERVAL _____

CASING SIZE _____ INTERVAL _____

_____
(OPTIONAL) SIGNATURE OF CONTRACTOR RESPONSIBLE FOR ABOVE PLUGGING TITLE

_____
(REQUIRED) SIGNATURE OF CONTRACTOR RESPONSIBLE FOR ABOVE PLUGGING TITLE

SWORN TO AND SUBSRIBED BEFORE ME THIS DATE _____ DAY OF _____ , 20_____

_____
Notary Public

MY COMMISSION EXPIRES:_____
FORM ED-38 (REV. 10/07)

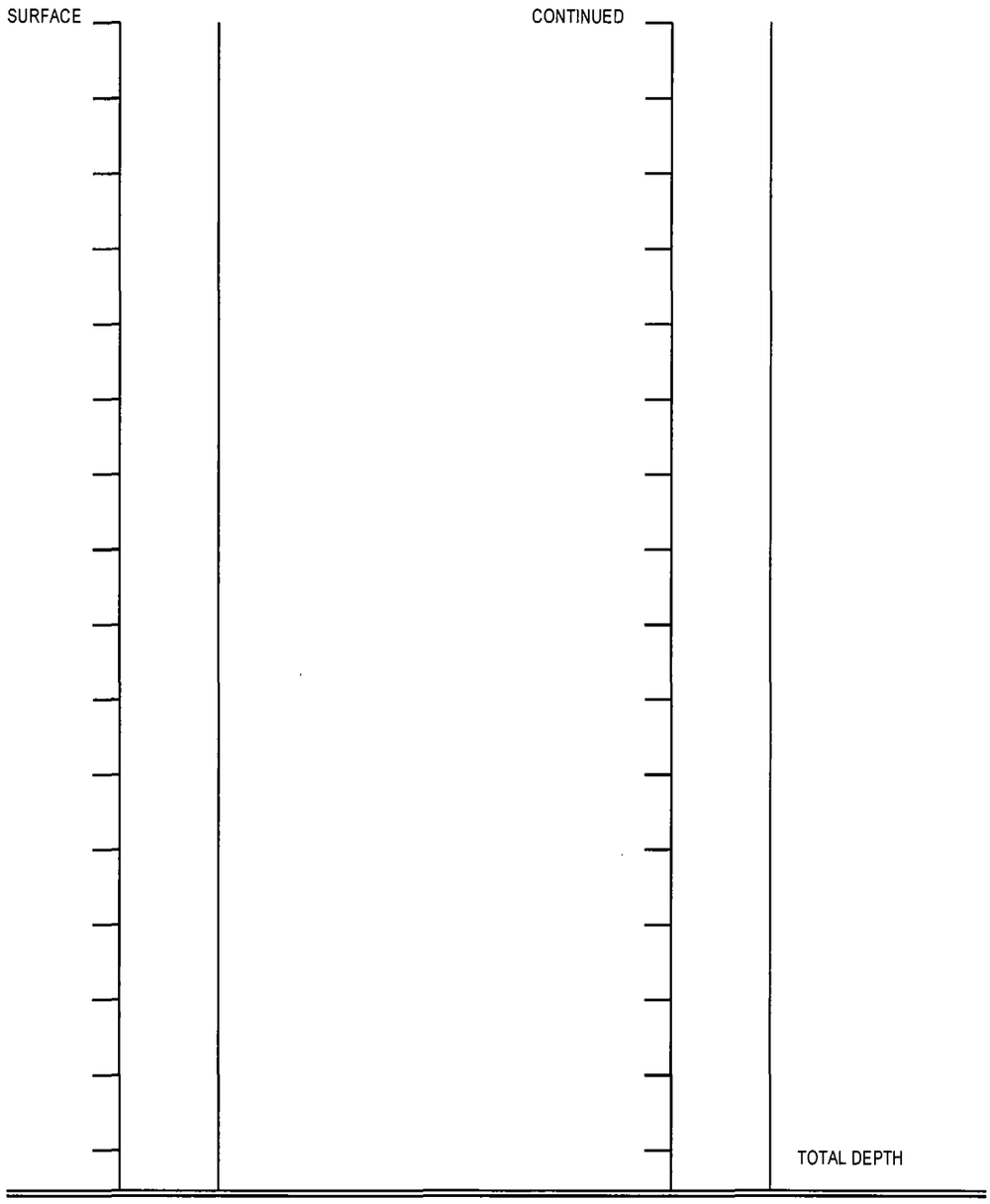
CONTINUED

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'

*1 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

I, _____ , THE OWNER OF THE REAL ESTATE ON WHICH THIS WELL WAS DRILLED, DESIRE THAT THE WELL BE LEFT OPEN FROM THE FRESH WATER ZONE TO THE SURFACE FOR USE AS A WATER WELL AND DO HEREBY ACCEPT THE FULL RESPONSIBILITY FOR SAID WATER WELL. THE OIL OPERATOR REMAINS RESPONSIBLE FOR ALL PLUGS BELOW THE FRESH WATER ZONE.

_____ SIGNATURE OF OWNER OR HIS AGENT

_____ DATE