

DEPARTMENT FOR NATURAL RESOURCES

DIVISION OF OIL AND GAS

P. O. BOX 2244

FRANKFORT, KY 40602

Phone: (502) 573-0147



TEMPORARY ABANDONMENT PERMIT

PERMIT NO. _____

OPERATOR: _____

ADDRESS: _____

E-MAIL: _____

LEASE (FARM): _____ WELL NO. _____

LOCATION: _____ FNL _____ FEL _____
 FSL _____ FWL _____ SEC. _____ LTR. _____ NO. _____

COUNTY: _____ TOTAL DEPTH: _____

CASING SIZE: _____ CASING DEPTH _____

CASING CEMENTED WITH _____ BAGS OF CEMENT: FROM _____ TO _____

CASING IS SEALED AT TOP BY: _____

THE REASON FOR A REQUEST FOR TEMPORARY ABANDONMENT IS:

THE LEASE ON THIS PROPERTY EXPIRES: _____

THE AMOUNT OF TIME NEEDED FOR THIS TEMPORARY ABANDONMENT PERMIT: _____

I, THE OPERATOR OF THE ABOVE NAMED LEASE, HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE ON THIS DATE, AND REQUEST A TEMPORARY ABANDONMENT PERMIT BE APPROVED.

OPERATOR'S SIGNATURE TITLE
(IF AN INDIVIDUAL) (IF A CORPORATION, THE SIGNEE MUST GIVE A POSITION TITLE.)

THIS TEMPORARY ABANDONMENT PERMIT IS APPROVED AND SHALL EXPIRE: _____

INSPECTOR, DIVISION OF OIL AND GAS