

**COMMONWEALTH OF KENTUCKY**  
DEPARTMENT FOR NATURAL RESOURCES  
DIVISION OF OIL AND GAS  
P. O. BOX 2244  
FRANKFORT, KY 40602  
PHONE: 502-573-0147

**APPLICATION FOR PERMIT FOR USE OF VACUUM**

OPERATOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LEASE NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_

Well No.	Carter Coordinate Spot Locations	Permit No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any producing wells on premises within one thousand feet of the above listed wells owned by an operator other than yourself? Yes  No

Offset operators to whom notice has been given:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of unit to be installed:

Formation to which vacuum is to be applied: \_\_\_\_\_

I hereby certify the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

INSTRUCTIONS: Use a separate application form for each lease. Only one copy need be filed. If Carter Coordinate locations cannot be furnished, the wells may be shown on a 7-1/2 minute topographic map and attached to this application. The map will be returned upon request.