FORM 1A-sm

North Dakota State Industrial Commission

SUBSURFACE MINERALS

WELL PERMIT APPLICATION

DATE _____________, 20__

NAME ____________________________

(Operator) (Driller)

SEND PERMIT TO: STREET _____________________________ CITY _____________________________ STATE _____________

DESCRIPTION OF LEASE

NAME OF LEASE OWNER _____________________________

NAME OF FEE OWNER _____________________________ ACRES IN LEASE _____________ WELL NO. _____________

SEC. __________ TWP. __________ RANGE __________ COUNTY __________ FIELD __________

Distance from proposed location to (N) (S) Section Line ____________ feet and distance from (E) (W) Section Line ____________ feet.

Date well will be spudded ____________ Depth to which propose to drill ____________ feet.

Acres in drilling unit ____________ Elevation of (ground) (KB) (DF) above sea level ____________ feet.

REMARKS ____________________________________________

__________________________________________

DATED THIS ____________ DAY OF _____________, 20__ BY ____________________________

__________________________________________

(Office)

OPERATOR

STATE OF ____________________________

COUNTY OF ____________________________

) as

I, ____________________________, being first duly sworn on oath, state that I am the ____________________________, of ____________________________, and have knowledge of the facts and matter herein set forth and that the same are true and correct.

NAME ____________________________ TITLE ____________________________

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____________ DAY OF _____________, 20__

PERMIT NO. ____________________________

APPROVED ____________________________ NOTARY PUBLIC, COUNTY OF ____________________________

DENIED ____________________________ STATE OF ____________________________

BY ____________________________ My Commission Expires ____________

(State Geologist)