

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 _____ } ssI, _____ 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)