

North Dakota State Industrial Commission

PERMIT APPLICATION

COAL EXPLORATION

Date _____

Operator: _____
_____ (Name) _____ (Address)

Drilling Co. (if Known): _____
_____ (Name) _____ (Address)

Program Manager: _____
_____ (Name) _____ (Address)

Resident Agent: _____
_____ (Name) _____ (Address)

Send Permit to: _____
_____ (Name) _____ (Address)

Approximate Starting Date: _____ Approximate Completion Date: _____

Permit Area: _____ Approximate Number of Holes: _____

Location of Holes: Twps. _____ Rgs. _____

Drilling Methods: Rotary, fluid water _____ air _____ water mist _____

Remarks: _____

Logging Program: Gamma _____, Density _____,

S. P. _____, Resistivity _____, Caliper _____

None _____

Remarks: _____

Coring Program: _____

Sampling Program: _____

Plugging Procedures: _____

For Official Use Only

Permit Application Received _____ Permit Number _____

Bond Received _____ Approved by _____

Fee Received _____ Date _____