FORM 1

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 __________________________