

## North Dakota Industrial Commission Department of Mineral Resources Oil & Gas Division

## FORM 1 – 1H E-FILING AUTHORIZATION

OPERATOR NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
This form authorizes the person(s) listed by E-Filing URL for the purpose of submitting for Permit to Drill.	-	
A new authorization will be required if any on the form. All current agents must Authorized Signature person will be listed a	be listed each time the	e form is submitted. (The
The data submitted from the e-mail address the standards and procedures set forth by the		
<b><u>Authorized Individuals</u></b>	E-Mail Address	
The above captioned Authorized Individual (check all that apply):	uals intend to submit the	following permit types
Saltwater Disposal	Oil and Gas	Both
OPERATOR AUTHORIZATION: Must be	an officer as noted on the	Organization Report – Form 2
Authorized Signature:	Date:	
Printed Name:		
Phone:Email	il Address:	
**********	********	**********
Witness Signature:	D	ate:
Printed Name:		