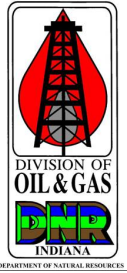




VERIFICATION OF COAL SEAM PROTECTION REPORT

State Form 54783 (8-11) / Form R12

INDIANA DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL AND GAS
 402 W. Washington St., Rm. 293
 Indianapolis, IN 46204
 Telephone number: (317) 232-4055
 Fax number: (317) 232-1550
<http://www.in.gov/dnr/dnroil>



FOR STATE USE ONLY

Date received (<i>month, day, year</i>)	Date approved (<i>month, day, year</i>)	Approved by:
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PART I COAL OWNER/OPERATOR INFORMATION

Name of coal owner		Telephone number () -
Address of coal owner (<i>number and street or PO Box</i>)		
City	State	ZIP code -

PART II WELL INFORMATION

Lessee name and well number		Permit number
Township	Range	Land survey type Land survey number:
		County

PART III AFFIRMATION AND SIGNATURE

I, the undersigned, affirm that I am the owner or operator of the permit for the well listed above. I further affirm that the well was constructed in accordance with IC 14-37-7-4 and is equipped with centralized and cemented production casing at least fifty (50) feet below the commercially minable coal(s) and one hundred (100) feet above the commercially minable coal(s).

Attached to this affidavit is a scaled cross-section drawing of the well showing the locations of the centralizers for all casing strings as required by IC 14-37-7-4(b).

Also attached is documentation in the form of cement tickets or a cement bond/variable density log that the cement was circulated behind the casing strings.

A copy of this affidavit and its attachments have been provided to the Coal Owner listed under Part I.

Signature of well owner/operator	Date signed (<i>month, day, year</i>)
Name (<i>printed or typed</i>)	