Reset Form

COAL OWNER CONSENT (CBM)
(For Use When Coal is Not Leased)

State Form 54784 (8-11) / Form A14-CNL

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 *(month, day, year)*	Date approved *(month, day, year)*	Approved by:

PART I	COAL OWNER INFORMATION	
Name of coal owner		Telephone number ( ) -
Address of coal owner *(number and street or PO Box)*		
City	State	ZIP code -

PART II	PROPERTY AND COAL SEAM INFORMATION		
Parcel number		Coal seam(s):	Acres
Township	Range	Land survey type Land survey number:	County
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Township	Range	Land survey type Land survey number:	County

PART III	AFFIRMATION AND SIGNATURE
I, the undersigned, affirm that I am the owner of the right to the coal on the above described parcel(s) and that I have given my consent to the extraction of the coal bed methane from said coal by . I have not leased the coal for the purpose of coal mining and I acknowledge that the recovery of coal bed methane may result in waste of the commercially minable coal resources.	
Signature of coal owner	Date signed *(month, day, year)*
Name *(printed or typed)*	