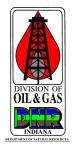


COAL OWNER CONSENT (CBM) (For Use When Coal is Not Leased) State Form 54784 (8-11) / Form A14-CNL

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:			
	PARTI	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				
Parcel num	ber	Coal seam(s):	Acres	
Township	Range	Land survey type Land survey number:	County	
Parcel number		Coal seam(s):	Acres	
Township Range		Land survey type Land survey number:	County	
Parcel number		Coal seam(s):	Acres	
Township	Range	Land survey type Land survey number:	County	

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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)