



# HYDRAULIC FRACTURING REPORT FOR ALL WELLS EXCEPT COAL BED METHANE

State Form 54965 (R / 6-12) / Form R15

**INDIANA DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL AND GAS**

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## FOR STATE USE ONLY

Permit number	IGS number
Date received (month, day, year)	Date approved (month, day, year)
Approved by	
<input type="checkbox"/> Check here if you want Part III information to remain confidential for a year from the date of original completion. Date of Original completion:	

## PART I GENERAL INFORMATION

Name of operator		Telephone number ( ) -	
Address of operator (number and street or PO Box) ( <input type="checkbox"/> Check here if this is a new address )			
City		State	ZIP code -

## PART II SURFACE LOCATION AND LEASE INFORMATION

Name of lease			Well number			Permit number	
Township	Range	Land Type >Select One< Land Number:	¼	¼	¼	Footages: feet. from <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE line feet. from <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW line	
County							

## PART III FORMATION STIMULATION INFORMATION

Date stimulated (month, day, year):		Formation stimulated:			Top (feet.):		Bottom (feet.):	
Source of base fluid (i.e. fresh water, produced water, etc.):				Volume of base fluid:		Volume Units:		
Is this a significant water withdrawal facility under IC14-25-7? <input type="checkbox"/> Yes <input type="checkbox"/> No			Registration No.:			Location:		
Stimulation Type (check one): <input type="checkbox"/> - Hydraulic fracturing <input type="checkbox"/> - Other (describe):								
Maximum injection treating pressure (psi):			Maximum injection treating rate (bbls/min):			Lbs proppant:		
Well orientation:		Estimated or calculated fracture half length (if known):			Estimated or calculated fracture height from shallowest perforations (if known):			
Principal strata above formation:			Lithology:		Principal strata below formation:		Lithology:	
Date stimulated (month, day, year):		Formation stimulated:			Top (feet.):		Bottom (feet.):	
Source of base fluid (i.e. fresh water, produced water, etc.):				Volume of base fluid:		Volume Units:		
Is this a significant water withdrawal facility under IC14-25-7? <input type="checkbox"/> Yes <input type="checkbox"/> No			Registration No.:			Location:		
Stimulation Type (check one): <input type="checkbox"/> - Hydraulic fracturing <input type="checkbox"/> - Other (describe):								
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Well orientation:		Estimated or calculated fracture half length (if known):			Estimated or calculated fracture height from shallowest perforations (if known):			
Principal strata above formation:			Lithology:		Principal strata below formation:		Lithology:	

