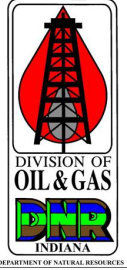




**COAL OWNER OR COAL LESSEE
CONSENT (CBM)
(For Use When Coal is Leased)**
State Form 54405 (R / 8-11) / Form A12-CL

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/LESSEE INFORMATION

Name of coal owner/lessee		Telephone number () -
Address of coal owner/lessee (<i>number and street or PO Box</i>)		
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
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

PART III AFFIRMATION AND SIGNATURE

I, the undersigned, affirm that I am either the owner or lessee (*select one*) 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 acknowledge that the recovery of coal bed methane might result in waste of the commercially minable coal resources.

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