



## APPLICATION FOR WELL PERMIT

State Form 21096 (R3 / 3-18) / Form A1  
Approved by State Board of Accounts, 2018

### 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  
Internet: <http://www.in.gov/dnr/dnroil>

FOR STATE USE ONLY	
Application number	Permit number
Date received (month, day, year)	Date approved (month, day, year)
IGS Identification Number	Approved by
IGS Samples <input type="checkbox"/> Yes <input type="checkbox"/> No	IGS Pool Name

## PART I GENERAL INFORMATION

Name of operator	Telephone number ( ) -	FAX number ( ) -
Address of operator (Street or PO Box) ( <input type="checkbox"/> Check here if this is a new address.)		
City	State	ZIP code -
Send permit to (Enter name and address)	Telephone number ( ) -	FAX number ( ) -
<input type="checkbox"/> Check here if you would like the permit sent via FAX or e-mail. E-mail address: @		
<input type="checkbox"/> Expedite: Please check here and submit a total permit fee of \$750 to request two (2) day processing. <b>NOTE: Expediting not available for Class II and Noncommercial gas applications.</b>		
Applicant is (Check one only.) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Public corporation <input type="checkbox"/> Limited liability company <input type="checkbox"/> Corporation <input type="checkbox"/> Limited partnership		
<b>NOTE: Corporations, Limited Partnerships, and Limited Liability Companies must register with the Secretary of State. For information about registration, contact the Corporations Division, Secretary of State at (317) 232-6576.</b>		
Type of bond (Check one only.) <input type="checkbox"/> Surety bond <input type="checkbox"/> Check <input type="checkbox"/> Blanket bond <input type="checkbox"/> Personal surety bond (Valid for non-commercial gas wells only) <input type="checkbox"/> Certificate of deposit <input type="checkbox"/> Bond not required per IC 14-37-6-1		
<b>NOTES: A bond must accompany this application unless the operator has a valid blanket bond on file with the division or is exempt from bonding under IC 14-37-6-1. All bonds must be originals and an original Verification of Certificate of Deposit form must accompany CDs. Checks must be certified. The bond amount for individual wells is \$2,500 and for blanket bonds is \$45,000.</b>		
Well type (Check one only.) <input type="checkbox"/> Oil (Complete PARTS I thru IVa, VI and VII.) <input type="checkbox"/> Gas (Complete PARTS I thru IVa, VI and VII.) <input type="checkbox"/> Class II Enhanced Recovery (Complete PARTS I, II, III, IVb, V, VI, and VII.) <input type="checkbox"/> Class II Saltwater Disposal (Complete PARTS I, II, III, IVb, V, VI, and VII.) <input type="checkbox"/> Noncommercial gas (Complete PARTS I thru IVa, VI, and VII.) <input type="checkbox"/> Geologic / Structure test (Complete PARTS I thru IVa, VI, and VII.) <input type="checkbox"/> Gas storage or observation (Complete PARTS I thru IVa, IVc, VI, and VII.) <input type="checkbox"/> Nonpotable water supply (Complete PARTS I thru IVa, IVd, VI, and VII.) <input type="checkbox"/> Dual completion for Oil and Class II injection only (Complete PARTS I thru IVb, V, VI, and VII.) <input type="checkbox"/> Dual completion for Gas and Class II injection only (Complete PARTS I thru IVb, V, VI, and VII.)		
Application type (Check no more than two (2).) <input type="checkbox"/> New well <input type="checkbox"/> Old well workover <input type="checkbox"/> Old well deepening <input type="checkbox"/> Horizontal well sidetracking <input type="checkbox"/> Conversion <input type="checkbox"/> Change of location	<input type="checkbox"/> Change of operator (Complete PARTS I, II, III, IV, VI and VII indicating lease lines and drilling unit boundaries, only unless another application type is also checked.) <input type="checkbox"/> Permit renewal (Complete PARTS I, II and VI only unless another application type is also checked.)	
<b>NOTE: A \$250 permit fee is required except for expedited permits, which require a \$750 fee. If paying by check, please make payment to the Indiana Department of Natural Resources.</b>		
Fee Payment Method: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Attach credit card information on separate page or provide contact number.) ( ) -		
Former operator (If applicable)	Former Permit number (If applicable)	

Continued on next page.

**PART II SURFACE LOCATION AND LEASE INFORMATION**

Name of lease					Well number			Elevation (G.L.)	
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Township	Range	Land Type Land Number:	¼	¼	¼	Footages: ____ ft. from <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> NW, <input type="checkbox"/> SE line ____ ft. from <input type="checkbox"/> E, <input type="checkbox"/> W, <input type="checkbox"/> NE, <input type="checkbox"/> SW line			
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County	Distance to the nearest well capable of production from the same zone in which this well will be completed: ____ feet
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Drilling unit acreage ( <i>Check one only.</i> ) <input type="checkbox"/> Five (5) acres <input type="checkbox"/> Twenty (20) acres <input type="checkbox"/> Ten (10) acres <input type="checkbox"/> Forty (40) acres <input type="checkbox"/> Waterflood or voluntary pooling unit ____ acres ( <i>Include map of waterflood or voluntary pooling unit.</i> ) <input type="checkbox"/> Other ____ acres ( <i>Attach unit exception or petition for exception and supporting documentation.</i> )	<input type="checkbox"/> Check here if acreage is communitized (pooled).  NOTE: Attach a copy of the unit agreement or declaration of pooling. If previously submitted identify the permit number under which it was submitted. <b>Permit Number:</b> ____
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Lease acreage ____ Acres	Does operator own or control the rights to drill and produce oil and/or natural gas or coal bed methane in and under all land(s) within the drilling unit boundary and the lease acreage herein indicated and shown on the attached Survey? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, explain the basis upon which the operator claims the right to drill and produce oil and/or natural gas and/or coal bed methane under this permit.</i> _____
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the well location more than 200 feet from an existing house, barn, building, or other structure? <i>If no, provide a copy of the written consent to the well location from the surface owner(s) and structure owner(s), if they are different.</i>
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an application for a new well permit? <i>If yes, include a Notice of Intent to Survey and proof of delivery to the surface owner.</i> Name of surface owner: _____
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this well location fall within an incorporated town boundary? <i>If yes, provide a copy of the document authorizing drilling within the incorporated area.</i>
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this well location fall within the permitted boundary of an active or inactive underground coal mine? <i>If yes, provide proof of notice to the coal company of your intent to drill. Please note the Division may require additional notice of intent to drill if deemed necessary.</i>
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this well location fall within one-half mile of the boundary of a gas storage field or petroleum storage field? <i>If yes, provide proof of notice to the operator of the storage field of your intent to drill.</i>
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**PART III PROPOSED WELL CONSTRUCTION**

Check here and go to PART IV if the well presently exists and the construction will not change.

Enter casing strings from largest to smallest and enter the cement information on successive rows for a casing string that will be set using multiple cement stages.

Casing Information					Cementing Information			
Casing Size (OD)	Casing Type	Casing Bottom	Casing Top	Hole Size	Cement Type	Cement Volume	Volume Type	Cement Yield
		ft.	ft.					
		ft.	ft.					
		ft.	ft.					
		ft.	ft.					

Packer setting depth ____ ft. Packer setting depth ____ ft. Packer setting depth ____ ft. For existing wells: CIBP setting depth ____ ft. Plugback depth ____ ft. Plugback type ( <i>Check all that apply.</i> ) <input type="checkbox"/> CIBP <input type="checkbox"/> Cement <input type="checkbox"/> Other ( <i>Explain below.</i> )	Centralizers at ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft. ____ ft.  Casing perforated From ____ ft. to ____ ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft. From ____ ft. to ____ ft.  Notes:
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<b>PART IV DRILLING AND OPERATIONAL INFORMATION</b>	
<b>Section a All Wells</b>	
Declination type <i>(Check one only.)</i> <input type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal	
Proposed total vertical depth _____ feet <i>(All wells)</i>	Proposed measured length _____ feet <i>(Horizontal wells only)</i>
Name of deepest formation to be drilled:	
<input type="checkbox"/> Pool <i>(Name):</i> _____ Or <input type="checkbox"/> Wildcat	
<b>Section b Injection Wells</b>	
Proposed Maximum Injection Pressure (MIP) measured in PSI at the wellhead: _____	Proposed Maximum Injection Rate (MIR) measured in barrels of water per day: _____
<b>NOTE: Calculated Maximum Injection Pressure (MIP) is based on the formula (0.8 psi/ft.-(0.433 psi/ft. (specific gravity)))depth. If you are applying for a MIP that is greater than the calculated MIP you must submit the results of: 1. A service company acid or fracture job that shows an instantaneous shut in pressure (ISIP), or 2. A service company step rate test that has a minimum of three (3) steps and a breakdown pressure. The data must be for the uppermost injection formation, come from a well that is located in the same field as the injection well, and be less than ten (10) years old to be considered.</b>	
<b>Section c Gas Storage / Observation Wells</b>	
Injection / withdrawal interval From: _____ ft. to _____ ft.	Injection / withdrawal formation
Observation interval From: _____ ft. to _____ ft.	Observation formation
<b>Section d Nonpotable Water Supply Wells</b>	
Water withdrawal interval From: _____ ft. to _____ ft.	Withdrawal amount <i>(Gallons per day)</i>
	Withdrawal formation

Continued on next page.

**PART V**

**PROPOSED WELL DIAGRAM**

**NOTE: This diagram is required only for Class II injection and Dual Completion wells.**

**WELL CONSTRUCTION**

<b>Surface casing</b>	
Setting depth	feet
Size (OD)	in.
<b>Hole size</b> in.	
Cement top	feet
Cubic feet	

<b>Intermediate casing</b>	
Setting depth	feet
Size (OD)	in.
<b>Hole size</b> in.	
Cement top	feet
Cubic feet	

<b>Long string</b>	
Setting depth	feet
Size (OD)	in.
<b>Hole size</b> in.	
Cement top	feet
Cubic feet	

<b>Liner</b>	
Setting depth	feet
Size (OD)	in.
<b>Hole size</b> in.	
Cement top	feet
Cubic feet	

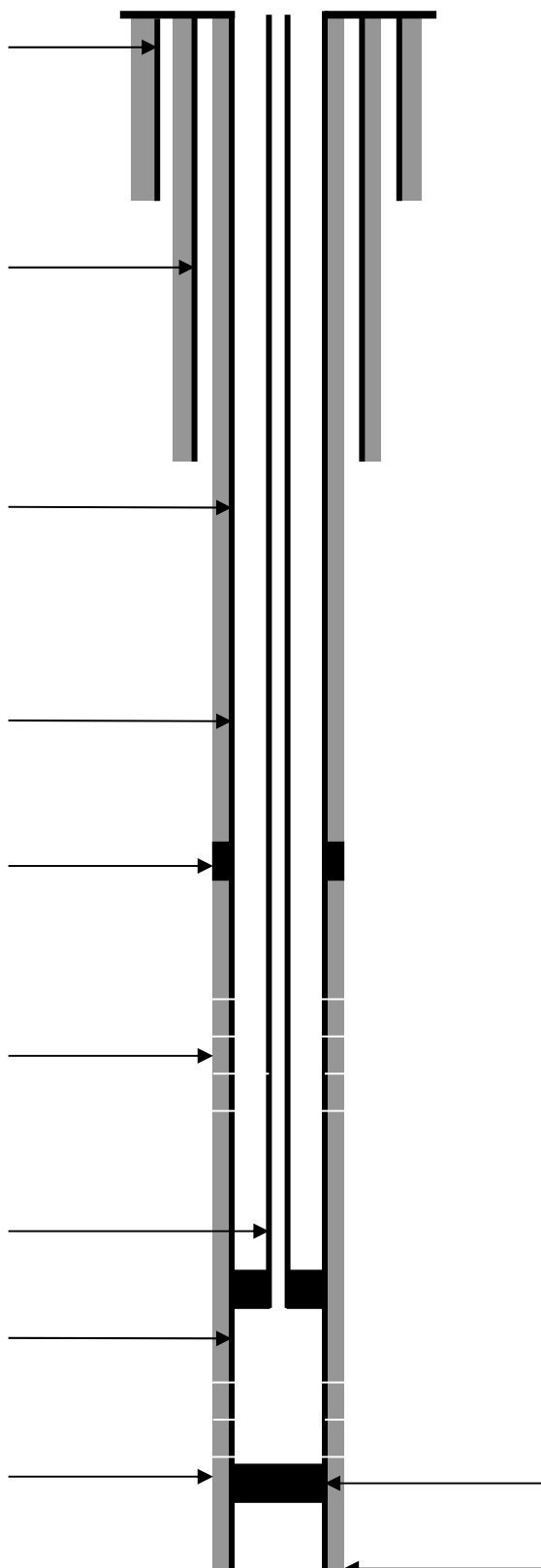
<b>Centralizers</b>	
ft.	
ft.	
ft.	
ft.	

<b>Cement squeeze</b>	
Perf. From	ft. to ft.
Cubic feet	

<b>Tubing</b>	
Setting depth	feet
Size (OD)	in.

<b>Packers</b>	
Setting depth	feet
Setting depth	feet
Setting depth	feet

<b>Perforations</b>	
From	ft. to ft.
From	ft. to ft.
From	ft. to ft.
From	ft. to ft.



**GEOLOGIC INFORMATION**

<b>Confining zone</b>	
Name	
Intervals From	to ft.
Primary lithology (Check one.)	
<input type="checkbox"/> Shale	<input type="checkbox"/> Limestone

<b>Injection zones (Top to bottom)</b>	
Name	
Intervals From	to ft.
Primary lithology (Check one.)	
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Limestone

Name	
Intervals From	to ft.
Primary lithology (Check one.)	
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Limestone

Name	
Intervals From	to ft.
Primary lithology (Check one.)	
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Limestone

Name	
Intervals From	to ft.
Primary lithology (Check one.)	
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Limestone

**NOTE: Only fill in production zone information for Dual Completion wells.**

<b>Production zones (Top to bottom)</b>	
Name	
Intervals From	to ft.
Primary lithology (Check one.)	
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Limestone

Name	
Intervals From	to ft.
Primary lithology (Check one.)	
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Limestone

Name	
Intervals From	to ft.
Primary lithology (Check one.)	
<input type="checkbox"/> Sandstone	<input type="checkbox"/> Limestone

<b>Plugback depth</b> _____ <b>feet</b>	
<b>Plugback type (Check all that apply.)</b>	
<input type="checkbox"/> CIBP	
<input type="checkbox"/> Cement	
<input type="checkbox"/> Other (Explain below.)	

<b>Total depth</b> _____ <b>feet</b>
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Continued on next page.

PART VI AFFIRMATION	
I affirm under penalty of perjury that the information provided in this application is true to the best of my knowledge and belief.	
Typed or printed name of operator or authorized agent	
Signature of operator or authorized agent	Date signed (month, day, year)

### APPLICATION REMINDERS

#### PART I:

- Enter the name of the operator exactly as it appears on the Organizational Report.
- Register with the Indiana Secretary of State if you will operate as a Corporation, Limited Partnership, or Limited Liability Company.
- If a Certificate of Deposit is selected as the Bond Type, attach the original CD and original Verification of Certificate form.
- The name of the operator on this application and the name of the principal on the bond **must** be identical.
- If you are applying for a Change of Operator permit you are certifying that you have conducted a good faith search for the current operator and said operator could not be located.
- In accordance with 312 IAC 29-4-2 (d) attach the \$250 permit fee (\$750 for expedited permit). If paying by check, please make payment to the Indiana Department of Natural Resources and send the check along with the completed application to the Division's address shown at the top of the form.

#### PART II

- If the well will be an oil or gas well, indicate the distance to the nearest well capable of production from the same formation as proposed in this application. Refer to the rules on minimum well spacing requirements to ensure the well will be placed a sufficient distance from existing wells.
- If the well will be drilled on property that is part of a waterflood or has been voluntarily pooled, you must enter the number of acres in the unit and provide a separate map showing the boundaries of the entire unit.
- If you check the Other box under the Drilling Unit section, attach a copy of the exception.
- If acreage is communitized, you must attach a copy of the pooling agreement or specify the permit number for the well under which the pooling agreement was previously submitted.
- You must indicate that you own or control all of the oil and gas within the proposed drilling unit before a permit can be issued. If you do not own or control all of the oil and gas within the proposed drilling unit you must describe the basis upon which you claim the right to drill and operate a well for oil and gas purposes.
- If the well location is less than 200 feet from a house, barn, building, or other structure, you must provide a copy of the written consent to the proposed well location from the surface owner(s) and the structure owner(s), if different.
- If you are applying for a new well permit, include the **Notice of Intent to Survey** and proof of service required under IC 32-23-7-6.5 that must be sent to the surface owner at least five (5) days prior to entering onto the property for the purpose of surveying the well location. An example of the notice is available on the Division's website under Publications/Notices and Examples.
- If the well will be located within an incorporated city or town, you must enclose a copy of the official consent from the municipality to drill the well.
- If the well location falls within the boundaries of a coal mine permit, you must provide a copy of the correspondence or notice to the coal operator of your intent to drill that specifies the well location.
- If the well location falls within one-half mile of an underground gas storage field or an underground petroleum storage field, you must provide a copy of the correspondence or notice to the operator of the storage field of your intent to drill.

#### PART III

- Enter all proposed construction information so that the Division can determine if the construction meets rule requirements.
- For directional or horizontal wells, you must provide a proposed directional survey.
- For horizontal wells, provide a cross section and indicate the UTM's for the proposed surface location, kickoff point, point at which the well enters the target formation, and termination point of each planned lateral.
- If you have additional information on well construction, please include it under Notes.

#### PART IV

- For all wells, specify a proposed total vertical depth, deepest formation name, and pool name.
- For horizontal wells, specify the proposed measured length.
- For Class II wells, attach documentation to support the proposed maximum allowable injection pressure and injection rate.

#### PART V

- The well diagram must be completed for all Class II well applications.
- Proof of cement is required for all Class II wells in the form of cement tickets or a cement bond log.

#### PART VI

- Applications that do not contain an original signature cannot be processed, and the signature **must** match a signature shown in Part V of the Organizational Report.
- If this application is for a Change of Operator your signature in PART VI certifies that you could not obtain this permit through the permit transfer process **ONLY** because the former operator could not be located.

**Important: A permit issued as a result of this application is a license to conduct an activity and does not convey any property rights to the permittee. Consequently, the permittee is solely responsible for acquiring any and all property rights necessary to use the permit for its stated purpose.**

**PART VII SURVEY**

**General Instructions**

Use a 1"=1000' scale

**Surveyor must complete the following:**

- Clearly indicate the section township, and range on the survey, spot the well and show the footages from the lines.
- Use the surveyor's notes to explain deviations from a standard location such as topography and irregular sections.

**Operator or authorized agent must complete the following:**

- For oil or gas wells, separately outline the boundary of both of the following using different colors or line styles:
  - the leased or communitized area; AND
  - the drilling unit allotment.
- For all Directional and Horizontal wells show the surface location, kickoff point, AND termination point of the well.
- For all Horizontal wells identify the points where each horizontal drainhole enters and departs the target zone.
- For Enhanced Recovery and Saltwater Disposal wells, draw a 1/4 mile radius circle around the proposed well, spot all other wells (plugged or unplugged) that intersect the proposed injection zone(s), and put the permit number of each well over the spot.

**NOTE: You must show the entire 1/4 mile radius circle around proposed Class II wells**

**SURVEYORS' NOTES:**

Elevation:

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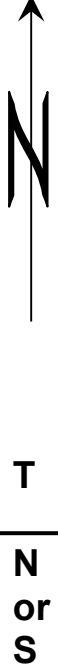
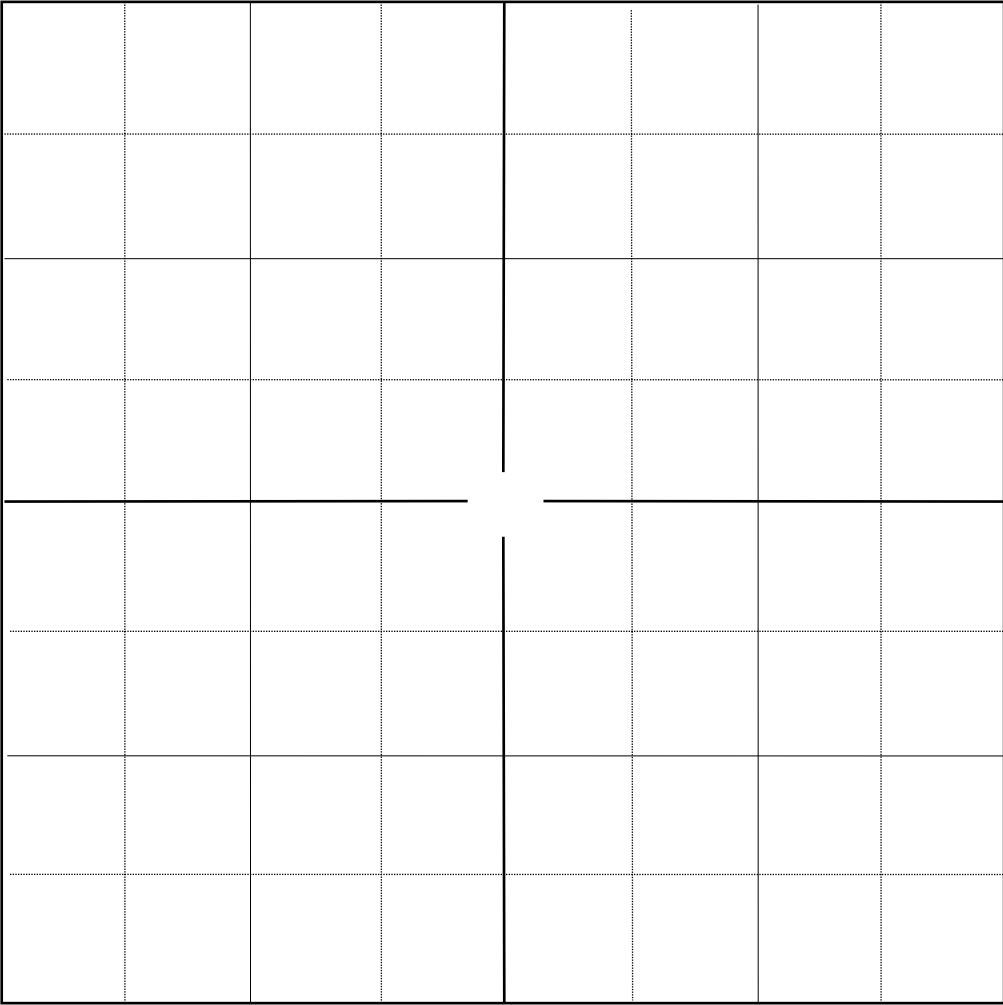


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**SURVEYORS' SEAL:**



NAD 1983 UTM Zone 16N

UTMx:

UTMy:

Enter UTM's in meters

**R E or W**

**CERTIFICATION**

I hereby certify that to the best of my knowledge and belief, the proposed location of the above described well, fixed as the result of an instrument survey made by me in compliance with the requirements of the laws of Indiana, is truly and correctly set forth hereon.

Printed name of registered Indiana land surveyor	Signature of registered Indiana land surveyor	Date signed (month, day, year)
Address (Street or PO, City, State, ZIP)		Telephone number ( ) -

**Special PART VII Requirements**

- You should adjust the location of the center of the section on the diagram so that the entire set of information in the General Instructions shows on a single survey plat. (Example: If a horizontal well will begin in one section but terminate in another section, you should move the section center point so that portions of both sections appear on the plat.)
- Surveyor must be registered under IC 25-21.5. This form **must** contain an original signature and original seal.
- Coordinates should be based upon NAD 1983 Datum, Universal Transverse Mercator (UTM) Coordinate System, Zone 16N.