



Commonwealth of Virginia
Department of Mines, Minerals and Energy
Division of Gas and Oil
P.O. Box 159, 135 Highlands Drive
Lebanon, VA 24266
(276) 415-9700

FOR OFFICE USE ONLY:

Operations Name: _____
Application Number: _____

APPLICATION FOR A NEW PERMIT, PERMIT MODIFICATION, OR TRANSFER OF PERMIT RIGHTS

Application Information:

Name: _____
Address: _____
Telephone Number: _____
Designated Agent: _____

Type Of Application: (Please write in permit number.)

New Permit Permit Modification Transfer of Permit Rights

Permit Number _____

Type Of Operation:

Gas or Oil Well Waste Disposal Injection Well Plugging
 Enhanced Recovery Injection Well Underground Storage Injection Well Deepening
 Coalbed Methane Gas Well Corehole/Other Geophysical Operation Reworking
 Conversion of VVH Hole to CBM Well Associated Facility Pipeline

Operator's Bond Information:

Single Well Bond – Bond Number _____
 New Blanket Bond - Bond Number _____
 Verify Previously Submitted Blanket Bond - Bond Number _____ No. of Wells Covered _____

Has A Unit Been Established Under Article 2? Yes No
(If yes, submit a unit map showing the unit boundaries and the distance from the well to the boundary.)

List All Board Orders Relative To The Operation By Docket Number:
(include field orders, pooling orders and location exceptions)

VGOB: _____ VGOB: _____ VGOB: _____ VGOB: _____

Applicant Certification:

I _____ representing _____
Name (Please Print) Applicant (Please Print)
certify that all persons required to be notified under Section 45.1-361.30 of the Code of Virginia have been notified. Proof of notice is included as a part of this application. In the case of an application for a Permit, Permit Modification, or an application under 4 VAC 25-150-80, I hereby state that the Applicant named above has the right to conduct operations as set forth in the application and operations plan.

(Signature of Certifying Individual) (Title of Certifying Individual - Please Print) (Date)

Verification By Notary Public:

In the state of _____ County of _____ on the
day of _____, _____, before me, a Notary Public for the aforementioned
(month) (year)
county and state, appeared _____ who, being duly sworn, did say that he is
_____ of _____ the applicant in the

foregoing application, that he executed the same on behalf of the applicant and was authorized to do so, and that the information set forth herein is true and correct to the best of his knowledge.

_____ Notary Public My Commission Expires: _____