

Latitude:

Longitude:

North

FILE #: _____	I, THE UNDERSIGNED, HEREBY CERTIFY THAT THIS PLAT IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND SHOWS ALL THE INFORMATION REQUIRED BY LAW AND THE REGULATIONS ISSUED AND PRESCRIBED BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION.	PLACE SEAL HERE
DRAWING #: _____		
SCALE: _____		
MINIMUM DEGREE OF ACCURACY: _____		
PROVEN SOURCE OF ELEVATION: _____		
Signed: _____	R.P.E.: _____	L.L.S.: _____

(+) DENOTES LOCATION OF WELL ON UNITED STATES TOPOGRAPHIC MAPS  
**WVDEP**  
**OFFICE OF OIL & GAS**  
**601 57TH STREET**  
**CHARLESTON, WV 25304**



DATE: \_\_\_\_\_

OPERATOR'S WELL #: \_\_\_\_\_

API WELL #: \_\_\_\_\_

STATE COUNTY PERMIT

Well Type:  Oil  Waste Disposal  Production  Deep  
 Gas  Liquid Injection  Storage  Shallow

WATERSHED: \_\_\_\_\_ ELEVATION: \_\_\_\_\_

COUNTY/DISTRICT: \_\_\_\_\_ QUADRANGLE: \_\_\_\_\_

SURFACE OWNER: \_\_\_\_\_ ACREAGE: \_\_\_\_\_

OIL & GAS ROYALTY OWNER: \_\_\_\_\_ ACREAGE: \_\_\_\_\_

DRILL  CONVERT  DRILL DEEPER  REDRILL  FRACTURE OR STIMULATE   
 PLUG OFF OLD FORMATION  PERFORATE NEW FORMATION  PLUG & ABANDON   
 CLEAN OUT & REPLUG  OTHER CHANGE  (SPECIFY): \_\_\_\_\_

TARGET FORMATION: \_\_\_\_\_ ESTIMATED DEPTH: \_\_\_\_\_

WELL OPERATOR _____	DESIGNATED AGENT _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____