

Florida Department of Environmental Protection

Form Title: APPLICATION FOR PERMIT TO DRILL
Date Revised: April 22, 2014
Incorporated by Reference in: Section 62C-25.006(4)(a), F.A.C.

For information and fees regarding drilling permits for oil and gas related wells, refer to Chapter 62C-26, Florida Administrative Code. File this form with the Florida Department of Environmental Protection, Oil and Gas Program, 2600 Blair Stone Road, MS 3588, Tallahassee, Florida 32399-2400; (phone 850-245-8336) or, Email: OGP@dep.state.fl.us

(Company's Name and Address)

Phone Number: Fax Number:

Well Name and Number:

Ground Elevation: Acres Assigned to Well: Latitude: Longitude:

SHL: Sec. T. R.
BHL: Sec. T. R.

Field/Area: County:

Distance to nearest drilling unit boundary: Proposed Depth:

Do you have all of the mineral interest in the drilling unit under lease or title? (Yes or No) If not, attach lease map showing ownership of all mineral acreage within the drilling unit and list the names and addresses of all nonconsenting mineral owners. (See section 377.2411 and .247, Florida Statutes.)

- (Please answer YES or NO) Is the structure intended for the drilling or production of this well located (See section 377.24, F. S.)
a) in a municipality?
b) in tidal waters within 3 miles of a municipality?
c) on an improved beach?
d) on any submerged land within a bay, estuary, or offshore waters?
e) within one mile seaward of the coastline of the state?
f) within one mile seaward of the boundary of a local, state or federal park or an aquatic or wildlife preserve?
g) On the surface of a freshwater lake, river or stream?
h) within one mile inland from the shoreline of the Gulf of Mexico, the Atlantic Ocean or any bay or estuary?
i) within one mile of any freshwater lake, river or stream?

If the answer to a, b, or c is YES, attach copies of local governing authorities' permits. If the answer to h or i is YES, attach a contingency plan specifying safeguards being implemented to prevent accidents and/or blowouts and to protect the natural resources of such bodies of water and shore areas in the event of an accident or blowout.

The security for this well is (attached or on file) with the Oil and Gas Program (see Rule 62C-26.002) and bears Serial Number.

Company's Statement

State: County:

I, (Name), am the (Title)

of (Organization) and attest to all information contained herein to be true and correct.

Signature: Residential Address:

Date: City/State/Zip:

File Number: Action: Date: A.P. I. Number:
(Approved, Denied)