



DEPARTMENT of AGRICULTURE and NATURAL RESOURCES  
Minerals & Mining Program  
221 Mall Drive, Suite #201, Rapid City, SD 57701  
Telephone: 605-773-4201, FAX: 605-394-5317

FORM 2

## APPLICATION FOR PERMIT TO DRILL

|                                                                                                                                                                                              |                 |                  |        |                                                                                                                                                                  |  |                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|
| Type of work:<br><input type="checkbox"/> Drill New Well <input type="checkbox"/> Reenter Well <input type="checkbox"/> Drill Directional Well<br><input type="checkbox"/> Other: _____      |                 |                  |        | Type of well:<br><input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Injection<br><input type="checkbox"/> Other: _____ |  |                               |  |
| Name and Address of Operator:                                                                                                                                                                |                 |                  |        |                                                                                                                                                                  |  | Telephone: _____              |  |
| Name and Address of Surface Owner:                                                                                                                                                           |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| Name and Address of Drilling Contractor and Rig Number:                                                                                                                                      |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| Surface Location of well: Qtr-Qtr, Sec, Twp, Rge, County, feet from nearest lines of section, and latitude and longitude (if available):                                                     |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| If Directional, top of pay and bottom hole location from nearest lines of section:                                                                                                           |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| Acres in Spacing (Drilling) Unit:                                                                                                                                                            |                 |                  |        | Description of Spacing Unit:                                                                                                                                     |  |                               |  |
| Well Name and Number:                                                                                                                                                                        |                 | Elevation:       |        | Field and Pool, or Wildcat:                                                                                                                                      |  | Proposed Depth and Formation: |  |
|                                                                                                                                                                                              |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| Size of Hole:                                                                                                                                                                                | Size of Casing: | Weight per Foot: | Depth: | Cementing Program (amount, type, yield, additives)                                                                                                               |  | Top of Cement:                |  |
| 1)                                                                                                                                                                                           |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| 2)                                                                                                                                                                                           |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| 3)                                                                                                                                                                                           |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| 4)                                                                                                                                                                                           |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| Describe Proposed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). Use additional page(s) if appropriate. |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| Pit Liner Specifications:                                                                                                                                                                    |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| I hereby certify that the foregoing as to any work or operation performed is a true and correct report of such work or operation.                                                            |                 |                  |        |                                                                                                                                                                  |  |                               |  |
| Signature                                                                                                                                                                                    |                 | Name (Print)     |        | Title                                                                                                                                                            |  | Date                          |  |

### FOR OFFICE USE ONLY

|                                       |                |                    |  |
|---------------------------------------|----------------|--------------------|--|
| Approved By: _____                    |                | Title: _____       |  |
| Permit No.: _____                     | API No.: _____ | Date Issued: _____ |  |
| Conditions, if any, on attached page. |                |                    |  |