



DEPARTMENT of AGRICULTURE and NATURAL RESOURCES  
 Minerals, Mining, and Superfund 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: <input type="checkbox"/> Drill New Well <input type="checkbox"/> Reenter Well <input type="checkbox"/> Drill Directional Well <input type="checkbox"/> Other: _____	Type of well: <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Injection <input type="checkbox"/> Other: _____
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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):

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If Directional, top of pay and bottom hole location from nearest lines of section:

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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.

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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
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**FOR OFFICE USE ONLY**

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