

Florida Department of Environmental Protection

Form Title: APPLICATION FOR PERMIT TO OPERATE WELL / REQUEST FOR RECERTIFICATION
Date Revised: April 22, 2014
Incorporated by Reference in: Section 62C-25.006(4)(c), F.A.C.

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 850/245-8848). Allow 90 days for processing.

Permit Number: API Number: County:
Well Name and Number: Field:
Latitude Longitude Section Calls
Section Township Range

Operator's Name:
Mailing Address:
Phone Number: Fax Number:

Is this an Application for Permit to Operate Well or a request for Recertification?

Attach or include by reference the following items (Rule 62C-26.008):

- 1. Application/Recertification fee
2. Revised/continued bond or security coverage. The security for this well is (attached or on file) with the Florida Geological Survey and bears Serial Number. The surety company is.
3. New/revised spill prevention and clean up plans.
4. New/revised flowline specifications and installation plans.
5. Secondary containment facility certifications, if appropriate.
6. Required reports and data (reporting forms, drillers logs, well logs, etc.)

List each transporter authorized by producer to transport hydrocarbons from lease. Include transporter's address, phone number, and the amount by percent (%) of each product transported. Describe the transportation system used by each transporter. Attach additional sheets as necessary.

Authorized Transporter: Product: %
Address: Transportation System Description:
Phone Number:
Fax Number:

Authorized Transporter: Product: %
Address: Transportation System Description:
Phone Number:
Fax Number:

Authorized Transporter: Product: %
Address: Transportation System Description:
Phone Number:
Fax Number:

Producer's Statement

State:
County:

I, (Name), am the (Title) of (Company) and attest to all information contained herein to be true and correct.

Date: Signature:

Department Action

Action: (Approved, Denied) By: (Name/Title)

Date: Signature: