	FORM #:	DEP 51-003(16)	Oil/Gas FORM 3	
Florida Department of Environmental Protection	Form Title:	APPLICATION FOR PERMIT TO DRILL		
	Date Revised:	January ##, 2013		
	Incorporated by Referen	ce 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 Section, 2051 East Paul Dirac Drive, Tallahassee, Florida 32310 (phone 850/488-8217).

	(Compar	ny's Name and Address)					
Phone Number:	ber: Fax Number:						
Well Name and Number:							
Ground Elevation:	Acres Assigned to W	/ell: Latitude	e:	Longitu	de:		
SHL:		Se	C	T	R		
BHL:		Se	C	Т	R		
Fleld/Area:			-				
	-		Proposed Depth:				
map showing ownership	neral interest in the drilling unit un of all mineral acreage within the o tion 377.2411 and .247, Florida St	drilling unit and list the i					
(Please answer YES or NO)		Irilling or production of th	s well locate	d (See sect	tion 377.24, F. S.)		
	a) in a municipality?						
	b) in tidal waters within 3 miles o						
	<ul><li>c) on an improved beach?</li><li>d) on any submerged land within</li></ul>		vre waters?				
	<ul><li>e) within one mile seaward of the</li></ul>		ne waters:				
	f) within one mile seaward of the		e or federal	 park or			
	an aquatic or wildlife preserve?	•					
	g) On the surface of a freshwate						
	h) within one mile inland from the	e shoreline of the Gulf of	Mexico, the	Atlantic Oce	ean		
	or any bay or estuary?						
	i) within one mile of any freshwar	ter lake, river or stream?		_			
contingency plan specifyi	is YES, attach copies of local go ng safeguards being implemente of water and shore areas in the ev	d to prevent accidents	and/or blowd				
The security for this well is	s (attached	d or on file) with the Oil a	nd Gas Sect	tion (see Ru	ıle 62C-26.002)		
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	Compa	iny's Statement					
State:	Count	ty:					
		46					
I,	(Name) , ai	in the	( T	itle)	· · · · · · · · · · · · · · · · · · ·		
of(C	a Drganization)	and attest to all information	n contained	herein to be	e true and correct.		
Signature:		Residential Address:					
Date:		City/State/Zip:					
File Number:	Action: (Approved, Denied)	Date:	_ A.P. I. Nu	mber:			