

Florida Department of Environmental Protection	FORM #: DEP 51-010(16)	FORM 14
	Form Title:	APPLICATION FOR PERMIT TO OPERATE WELL / REQUEST FOR RECERTIFICATION
	Date Revised:	_____, 2013
	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 Section, 2051 East Paul Dirac Drive, Tallahassee, Florida 32310 (phone 850/488-8217). 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? _____
 (Permit to Operate/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 Department of Environmental Protection 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: _____

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Producer's Statement

State: _____

County: _____

I, _____, am the _____

(Name) (Title)

of _____ and attest to all information contained herein to be true and correct.

(Company)

Date: _____

Signature: _____

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Department Action

Action: _____
 (Approved, Denied)

By: _____
 (Name/Title)

Date: _____

Signature: _____