

1) API Well No. 47 - _____ - _____

2) Operator's Well No. _____

3) UIC Permit No. _____

4) Date: _____

STATE OF WEST VIRGINIA

NOTICE OF LIQUID INJECTION OR WASTE DISPOSAL WELL WORK PERMIT APPLICATION FOR THE DEPARTMENT OF ENVIRONMENTAL PROTECTION, OFFICE OF OIL AND GAS

5) Surface Owners to be served:

(a) Name _____

Address _____

(b) Name _____

Address _____

(c) Name _____

Address _____

6) Inspector _____

Address _____

Telephone _____

7) (a) Coal Operator

Name _____

Address _____

(b) Coal Owner(s) with Declaration

Name _____

Address _____

Name _____

Address _____

(c) Coal Lessee with Declaration

Name _____

Address _____

TO THE PERSONS NAMED ABOVE: You should have received this form and the following documents

(1) The application for a Liquid Injection or Waste Disposal Well Work Permit on Form WW-3(B), which sets out the parties involved in the drilling or other work;

(2) The plat (surveyor's map) showing the well location of Form WW-6; and

(3) The Construction and Reclamation Plan on Form WW-9 (unless the well work is to plug the well).

The date proposed for the first injection or waste disposal is _____ 20 ____.

Take notice that under Chapter 22-6 of the West Virginia Code, the undersigned well operator proposes to file or has filed this Notice and Application and accompanying documents for a Well Work Permit with the Chief of the Office of Oil and Gas, West Virginia Department of Environmental Protection, with respect to a well at the location described on the attached application and depicted on the attached Form WW-6. Copies of this Notice, the Application, the plat, and the Construction and Reclamation Plan have been mailed by registered or certified mail or delivered by hand to the person(s) named above (or by publication in certain circumstances) on or before the day of the mailing or delivery to the Chief.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Well Operator: _____

By: _____

Its: _____

Address: _____

Telephone: _____

Email: _____

(Notary Seal)

Subscribed and sworn before me this ____ day of _____, _____

Notary Public

My Commission Expires _____

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