

MID-EAST TEXAS GROUNDWATER CONSERVATION DISTRICT
101 WEST MAIN, SUITE B22
P. O. BOX 477
MADISONVILLE, TX 77864

936-348-3212
fax 936-348-3512

**OIL/GAS DRILL SITE WATER WELL DRILLING REGISTRATION APPLICATION
FOR WELL DEFINED UNDER RULE 4 OF THE DISTRICT RULES**

Note: Applies only to water wells drilled on the pad site of an oil/gas drilling operation.

Proposed use: May be used only to supply water for the drilling and exploration of oil and gas. Water wells used otherwise must be permitted by the District under other application procedures.

Please complete all questions. Please print or type information or place an "x" in the appropriate space.

Drill _____ Equip _____ Complete or Alter _____

Oil/Gas Well Operating Co. _____ Phone _____

Address _____

Company Contact Name & Phone _____

Unit Designation _____ Unit Acreage: _____ Acres

Landowner Name & Phone _____

Water Well Drilling Company _____ Phone _____

Address _____

Driller _____ Drillers state license # _____

Location: County _____ Nearest 911 Address _____

Well Location: Latitude _____ Longitude _____

If well site is not readily visible from a public road at the above 911 address, give written directions to the site or attach a map which will provide adequate directions to the site.

Proposed depth _____ ft. Aquifer _____ Date drilling is scheduled to begin _____

Proposed casing size: _____ in. Pump depth _____ Pump size _____ hp. Rig Supply or Frac _____

Proposed (open flow) rate of production _____ gal/min. Meter make/model _____

All wells must be constructed/completed in strict accordance with State of Texas well requirements. I agree that this well will be drilled as specified above and that I will furnish the District a driller's log, state well report and any mechanical log made. I agree to abide by the rules of the District and all lawfully issued orders of the District. All the information contained in this application is true and correct to the best of my knowledge. This application, when approved, shall remain in effect for one year following date of approval. **Frac use wells require a permit.**

Signature of Applicant or Agent _____ Date _____

For: _____

Permit application approved: _____ subject to the furnishing to the District of a copy of the STATE WELL REPORT within 60 days following completion.

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By: _____ Date _____