



OG-59
Rev. 11/2006

Date: _____
Operator's Well No: _____
API Well No: 47- _____ - _____

STATE OF WEST VIRGINIA
OFFICE OF MINERS' HEALTH, SAFETY & TRAINING
1615 WASHINGTON ST., E.
CHARLESTON, WV 25311-2126
www.wvminesafety.org

I, _____, _____ of
(Title)

(Coal Company Name) (WV Permit Number)

_____, _____, _____
(Address) (City) (ST) (Zip)

Agree that the planned operations submitted in this application will not unreasonably interfere with access to or operation of the well and will not damage well No: _____ (API) , located on _____ (Farm Name) in _____ County.

Signed: _____ Printed Name: _____

Dated: _____

Name of Person to Receive this permit:

Printed Name:

Email Address: _____

STATE OF _____ COUNTY OF _____. TO WIT:
_____, being first duly sworn, deposes and says that he is
_____ of the coal operator named above; that he is familiar with the facts
set out both in the petition and on the accompanying maps and plans; and that the same are true.
Subscribed and sworn before me this _____, Year _____. My commission
expires: _____.

Notary Public

Note: Documentation of public liability insurance, must accompany this application.