

City of New Fairview APPLICATION FOR HYDROCARBONS PERMIT

(Print and Complete All Information)

Operator/Applicant:		
Mailing Address:		Telephone:
City:	State:	Zip Code:
Individual designated to	receive notice:	
Mailing Address:		Telephone:
		Zip Code:
Mineral Owner:		
		Telephone:
City:	State:	Zip Code:
Surface Owner:		
		Telephone:
		Zip Code:
Type of Gas Well Permit	: Required:	
<u> </u>	•	and (1,000) feet of a residence, religious , school, public park, US 81/287, FM 407 OR
,	t: (any permit not covered	under Special Permit)
Well Information:		
Proposed Well Name:		
Address: Mapsco:		



Gas Well Application Checklist

	The date of the application and type of Hydrocarbons Well Permit requested.
	An accurate legal description of the lease property to be used for the Hydrocarbons
	operation, the parcel and production unit and name of the geologic formation as used by
	the Commission. Property recorded by plat should reference subdivision, block and lot
	number.
	Map showing proposed transportation route and road for equipment, chemicals or waste
	products used or produced by the Hydrocarbons operation.
	Proposed well name
	Surface owner name(s) and address (es) of the lease property.
	Mineral Lessee name and address.
	Operator/Applicant name and address and if the Operator is a corporation, the state of
	incorporation, and if the Operator is a partnership, the names and addresses of the
	general partners;
	Name and address of the individual designated to receive notice.
	Name of representative with supervisory authority over all Hydrocarbons operation site
	activities and a 24-hour phone number.
	Location and description of all improvement and structures within one-thousand (1,000)
	feet
	Owner and address of each parcel of property within one-thousand (1,000) feet
	A site plan of the proposed operation site showing the location of all improvement and
	equipment, including the location of the proposed well(s) and other facilities, including,
	but not limited to, tanks, pipelines, compressors, separators and storage sheds.
	The name, address and 24-hour phone number of the person to be notified in case of an
_	emergency.
	The exact and correct acreage and number of wells, if applicable, included in the
_	Hydrocarbons Well Permit application.
	Copies of all reports required by the Commission.
	A signed Road Maintenance Agreement supplied by the City that provides that the
	Operator shall repair, at his own expense, any damage to roads, streets, or highways
	caused by the use of heavy vehicles for any activity associated with the preparation,
	drilling, production, and operation of Hydrocarbons wells.
	A description of public utilities required during drilling and operation.
	A description of water source to be used during drilling.
	A copy of the approved Commission permit to drill together with attachments and survey
	plats which are applicable to the drill and operation sites. The projected depth of the well and the depth at which the slant or horizontal portion (if
	applicable) of the well will begin along with the proposed vertical and horizontal plan
	view of the slant or horizontal well bore path (if such are not shown on the Commission
	permit).
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	A copy of the Storm water Pollution Prevention Plan if required by the Environmental Protection Agency. A copy of the notice of intent shall be submitted to the City seven (7)
	days prior to the commencement of any onsite activity.
	A copy of determination by the Texas Natural Resource Conservation commission of the depth of useable quality ground water.
	Evidence of insurance and security requirement under this Ordinance.
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	information submitted with the application is, to the best knowledge and belief of the
	Operator or designated representative, true and correct.
	All required application and Hydrocarbons Well Permit fees
Ackno	owledgements:
I certif	y that the above information is correct and complete to the best of my knowledge
	elief and that I am now or will be fully prepared to present the above proposal to the
	nspector or City Council, if applicable. I further certify that I have read, understand
and w	ill comply with the information contained in this ordinance.
Opera	tor/Applicant:
Signat	ture: Printed:
Date:	
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SIAII	E OF TEXAS
COUN	ITY OF WISE
BEFO	RE ME, the undersigned authority, A Notary Public in and for the State Of Texas, on this
day pe	ersonally appeared, known to me to be the person whose
	is subscribed to the foregoing instrument, and acknowledged to me that he/she executed
the sa	me for the purposes and consideration therein expressed, as the act and deed
	, and in the capacity therein stated.
	ALLINDED MY HAND AND SEAL OF OFFICE this day of
GIVE	N UNDER MY HAND AND SEAL OF OFFICE this day of, 20
	Notary Public in and for the State of TEXAS