

**THREE PART PUMP TEST APPLICATION**  
Pump tests must be performed from July 1 to October 31 (153-27.g)

<b>BLOCK:</b> _____ <b>LOT:</b> _____
<b>WELL LOCATION:</b> _____
<b>GPS:</b> _____

<u>OWNER</u>	<u>APPLICANT</u>
Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Signature _____	Signature _____
Date _____	Date _____

<b><u>OWNER CERTIFICATION</u></b>	
I hereby certify that I am the owner of this property and that this application is being made with my full consent and in accordance with my wishes.	
_____	_____
<b>Signature of Owner</b>	<b>Date</b>

<b>Number of wells to be drilled:</b> _____
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<b>Address all correspondence to:</b>
Name _____
Address: _____
_____
Phone _____ Email _____

**FOR TOWNSHIP USE ONLY**

<b>Escrow for Professional Fees:</b>	
\$1500.00 PER _____ WELL(S)      \$ _____	<b>Date Received:</b> _____
<b>TOTAL</b> \$ _____	<b>Received by:</b> _____