



Please print or type all responses.

Gas Drilling and Production Operations Permit Application

Town of Lakeside
9830 Confederate Park Road
Lakeside, Texas 76108
817-237-1234 Fax 817-238-9187
www.lakesidetexas.us

PART 1. PROPERTY LOCATION

Street Address of Property:

RRC Permit number:

Legal Description of Property:

PART 2. WELL NAME

Well Name:

Proposed Depth of Well

PART 3. OPERATOR INFORMATION

Operator:

RRC Operator Number:

Incorporation State:

Partnership: (If so, list partners on separate sheet)

Physical street address of applicant/agent (not a PO Box):

City/State/Zip Code of applicant/agent:

Telephone number of applicant/agent:

Fax number of applicant/agent:

E-mail address:

Contact Information:

Agent to receive notice (if different than operator). *Must be a Texas resident.*

Physical mailing address (not a P.O. Box)

Street Address:

Suite:

City:

State

Zip Code

E-Mail Address:

Office Phone: ()

Mobile Phone: ()

Emergency 24-Hour Contact Person:

Physical mailing address (not a P.O. Box)

Street Address:

Suite:

City:

State

Zip Code

E-Mail Address:

Office Phone: ()

Mobile Phone: ()

PART 4. PROPERTY OWNER INFORMATION

Name of Surface Property Owners:

Street address of surface property owners:

City/State/Zip Code of property owners:

Telephone number of applicant/agent:

Fax number of surface property owner:

Documents Submitted with this Permit Application:		
<input type="checkbox"/> Application Check List	<input type="checkbox"/> Site Plan (__ Copies)	<input type="checkbox"/> Area Location Map
<input type="checkbox"/> Railroad Commission Forms	<input type="checkbox"/> Road Repair Agreement	<input type="checkbox"/> Description of Public Utilities and Water Source
<input type="checkbox"/> Stormwater Pollution Prevention Plan	<input type="checkbox"/> Insurance & Security Requirements	<input type="checkbox"/> Hazardous Materials Management Plan

PART 5. CERTIFICATION BY PROPERTY OWNER

I hereby certify that I am, or that I represent the legal owner of the property described above and do hereby submit this request.

DATE: _____ Print Name: _____

Signature: _____

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared _____ (owner or agent name), known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed same for the purposes and consideration therein expressed as the act and deed of _____, and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the _____ day of _____, 20____.

(seal)

Notary Public in and for the State of Texas

My Commission Expires: _____

PART 6. FOR OFFICE USE ONLY

Date of Application:	Taxes, Liens & Assessments Paid?	Case Number:
Conditions of Approval:	Date of Council Meeting:	Non-Refundable Gas Well Application Filing Fee \$1,500
Fee Paid \$	Check No.:	Receipt No.:
Staff:		

Gas Well Fees as of July 10, 2008

Non-Refundable gas well application & filing fee	\$1,500
Gas Well Permit Fee	\$8,150
Annual administrative fee for each gas well permit	\$2,000
Non-refundable amended gas well permit fee	\$ 750
Operator Transfer Fee	\$ 750
Permit Reinstatement Fee	\$ 250
Appeals Application Fee	\$ 500
Sign Installation Fee	\$ 100
Seismic Site Permit Fee	\$ 350

