



PERMIT NUMBER: _____
DATE APPROVED: _____
APPROVED BY: _____

PETROLEUM DIVISION APPLICATION FOR PERMIT TO DRILL

624 W. Foster Rd., Ste B Santa Maria, CA 93455 (805) 934-6128

In compliance with Chapter 25 of the County Code, we hereby request a permit to drill the following:

TYPE OF WELL:

Oil Well Gas Well Water Well Injection Well Core Hole Re-Drill Re-Entry

Well Name and Number: _____ **Field:** _____

Well/Lease Site Address: _____

Assessor Parcel No.(s): _____ **No. of Acres** _____ **Wildcat:** Yes No

Location:

Elevation:

Onshore GPS Coordinates:

Section _____

GL

Latitude _____

Township _____

KB

Longitude _____

Range _____

DF

Estimated True Vertical Depth _____

Proposed Construction Zone: _____ **Base of Fresh Water:** _____

Waste Water Disposal Method: _____

PROPOSED PRODUCING METHOD:

Natural Primary Steam Injection Fire Flood Gas Injection Water Flood

Artificial Lift – Other _____

1. Company: _____ **Phone:** _____

Mailing Address: _____

Street

City

State

Zip

2. Financially Responsible Person: _____ **Phone:** _____

Mailing Address: _____

Street

City

State

Zip

3. Land Owner: _____ **Phone:** _____

Mailing Address: _____

Street

City

State

Zip

ENCLOSURES

1. Permit Fee (Per the current approved fee schedule, made payable to County of Santa Barbara – Petroleum Division)
2. Complete copy of Land Use Permit application submittal and approved LUP
3. Complete copy of the Division of Oil and Gas Drill Permit application, plan and permit (Including proposed casing, cementing and drilling fluid programs).
4. Copy of other permits, if applicable
 - a. Grading Permit
 - b. APCD Permit to Construct
 - c. County Fire
 - d. BLM
 - e. Other _____

Note: Attach a map or plat to scale and indicate from section corner, nearest completed or abandoned well, domestic water well, and other distances (roadways, dwellings, watercourse, etc.) listed in Chapter 25 of the County Code. Attach original pre-construction site photographs to the application.

CERTIFICATE OF ACCURACY AND COMPLETENESS

Must be signed by the authorized agent before a permit can be accepted for processing by the County of Santa Barbara

Signature authorizes County staff to enter the property described above for the purposes of inspection.

I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

Print Name

Check One: Operator Agent

Signature

Date