



APPLICATION FOR ASSUMPTION OF RESPONSIBILITY

Form No. A6
Revised on 12/7/98

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Phone (317) 232-4055
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Internet: <http://www.state.in.us/dnroil>

Permit Number	Section	Township	Range
Name of lease			Well Number

PART I LANDOWNERS STATEMENT

I certify that I am the owner of land on which a facility regulated under IC 14-37 was located. At my request, the following items were left for my personal use.

<input type="checkbox"/> Well (As a water well) @ plugback depth of ft.	<input type="checkbox"/> Excavations	<input type="checkbox"/> Equipment	<input type="checkbox"/> Surface casing
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I hereby state that I will not use the well or excavations for oil and gas purposes as defined by IC 14-37 without prior approval from the Division of Oil and Gas.

We affirm under the penalty for perjury that the foregoing is true to the best of our knowledge and belief.

Signature of operator	Date signed
Signature of landowner	Date signed

PART II DIVISION APPROVAL

Signature of inspector	Date signed
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SPECIAL REQUIREMENTS

1. This form **must** accompany the Plugging and Abandonment Report if all of the boxes in the site Certification section of that report are not checked.
2. Only those persons whose names appear in PARTS V or VI of the Organizational Report may sign this form as the operator
3. The signatures of the operator, landowner, and inspector **must** appear on this form before the assumption of responsibility will be accepted
4. If the landowner is accepting responsibility for a well it **must** be plugged back to a depth that is no deeper than the bottom of the lowest Underground Source of Drinking Water.