

Well Name _____



DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL
P.O. BOX 159, 135 HIGHLANDS DRIVE
LEBANON, VA 24266
(276) 415-9700

APPLICATION FOR RECLASSIFICATION OF A GEOTHERMAL AREA

GEOTHERMAL AREA NAME: _____

LATITUDE: _____

LONGITUDE: _____

CHANGE REQUEST:

1. Adjoining property should be included _____
2. Property within area should be excluded _____
3. Unitization not required _____

LIST SUPPORTING ATTACHMENTS:

APPLICANT: _____

WELL OPERATOR ____/
DESIGNATED AGENT ____/
PROPERTY OWNER ____/

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

DATE: _____