

**STATE OF NEBRASKA**  
**DEPARTMENT OF NATURAL RESOURCES** Corrected filed 6/18/2012  
**APPLICATION FOR A PERMIT TO TRANSFER GROUND WATER TO ADJOINING STATE**

**INSTRUCTIONS**

**For Department Use Only**

This form must be completed in full. An incomplete or defective form will be returned. Failure to resubmit a corrected application within the time limit specified will cause dismissal of the application. Complete items 1-8 by printing in ink or typing the appropriate information. The following information is also required (see Department Rules, Title 456, Chapter 6 for requirements):

Filed at 8:01 a.m. ~~PM~~ on  
June 5, 20 12

1. A map submitted on 8½" x 11" paper or paper folded to such a size showing the location of the well(s); the pipeline(s) or other means of transporting water; the location of use.
2. Information on the possible negative effects of the proposed withdrawal on ground water and surface water supplies in the area.

Application No. TA- 51

Natural Resources District South Platte NRD

Receipt No. A-3646 Amount 10.00(20.00)

A non-refundable filing fee of \$10 (payable to the Department of Natural Resources) must accompany this application. Forward this application, fee and map to: **Department of Natural Resources, P.O. Box 94676, Lincoln, Nebraska 68509-4676.** The telephone number is (402) 471-2363.

1. Name of applicant: ACT HOT OIL SERVICE INC. Telephone Number (970) 302-3543  
Address 501 W. 2ND ST  
City KIMBARI State NE Zip Code 69145 +

2. If applicable: Well Registration Number(s) G-060622, G-060621, G-095192  
Management or Control Area Permit/Number(s) \_\_\_\_\_

3. Identify the location and capacity of well(s):

_____ ¼ of the _____ ¼ of Section _____	Township <u>15</u> North, Range <u>55</u> E	<input type="checkbox"/> W <input checked="" type="checkbox"/>	<u>6TH PM KIMBARI</u> County, <u>800</u> gpm
_____ ¼ of the _____ ¼ of Section _____	Township <u>15</u> North, Range <u>55</u> E	<input type="checkbox"/> W <input checked="" type="checkbox"/>	<u>6TH PM KIMBARI</u> County, <u>700</u> gpm
_____ ¼ of the _____ ¼ of Section _____	Township <u>15</u> North, Range <u>55</u> E	<input type="checkbox"/> W <input checked="" type="checkbox"/>	<u>6TH PM KIMBARI</u> County, <u>700</u> gpm
_____ ¼ of the _____ ¼ of Section _____	Township _____ North, Range _____ E	<input type="checkbox"/> W <input type="checkbox"/>	_____ County, _____ gpm
_____ ¼ of the _____ ¼ of Section _____	Township _____ North, Range _____ E	<input type="checkbox"/> W <input type="checkbox"/>	_____ County, _____ gpm

4. Identify the location of use:  
VARIOUS WELL LOCATIONS IN LARAMIE COUNTY, WYOMING

5. Maximum annual quantity of ground water requested for use in adjoining state: 4 acre-feet per annum

6. Maximum daily withdrawal requested: 15,000 gallons per day

(over)

app(c)

7. Ground water is proposed to be used for:

Irrigation

Public Water Supply

Commercial/Industrial

Domestic

Livestock

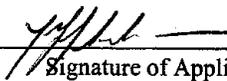
Other (explain) \_\_\_\_\_

8. Projected date water will first be pumped or date water was first pumped \_\_\_\_\_

6-1-12

9. State all alternative sources of water that are available and why applicant chooses not to use them:

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate.

  
Signature of Applicant

~~3-15-12~~  
Date

5-30-12  
RECEIVED

JUN 07 2012  
DEPARTMENT OF  
NATURAL RESOURCES