



CASE NUMBER: _____
DATE RECEIVED: _____

PETROLEUM DIVISION RESEARCH AND INQUIRY APPLICATION

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

TYPE OF INFORMATION:

Well File Facility File Restoration Project File Maps Other _____

REQUESTED INFORMATION

Lease Name(s): _____ Field(s): _____

Well Number(s): _____

Site Address(s): _____

Assessor Parcel No.(s): _____ SMU-2#(s) _____

SCOPE OF REQUEST: (Provide as much detail as possible relating to the type of information you are looking for)

FINANCIAL RESPONSIBILITY

1. Requesting Party: _____ Phone: _____ FAX: _____

2. Company: _____

Mailing Address: _____

Street

City

State

Zip

The undersigned is responsible for payment of all costs associated with this research request. An invoice will be sent to the above mailing address upon completion of the research request. The invoice shall be paid within 25 days to the County of Santa Barbara. Failure to pay the invoice may result in the County seeking other available remedies under the law to recoup these costs.

Printed Name

Signature

Date

For County Use Only

Processed By

Date