



**Pawnee Nation of Oklahoma**  
**Division of Natural Resources and Safety**

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 301 Agency Road, P.O. Box 470, Pawnee, OK 74058

**ENERGY RESOURCE PROTECTION APPLICATION FOR PERMIT**

*Pawnee Nation Code of Laws PNC Title XIII*

**General**

**Individual**

**PERMIT TYPE:**

- |   |  |
|---|--|
| <input type="checkbox"/> Oil & Gas Exploratory Permit (\$1,000)         | <input type="checkbox"/> Oil & Gas Drilling Permit (\$3,000)               |
| <input type="checkbox"/> Oil & Gas Operations Permit (\$2,000)          | <input type="checkbox"/> Hydraulic Fracturing Permit (\$5,000)             |
| <input type="checkbox"/> Underground Injection Control Permit (\$1,000) | <input type="checkbox"/> Product Transport Permit (\$100)                  |
| <input type="checkbox"/> Pipeline Permit (\$1,000)                      | <input type="checkbox"/> Treatment, Storage, and Disposal Permit (\$1,000) |
| <input type="checkbox"/> Methane Emissions/Flaring Permit (\$5,000)     | <input type="checkbox"/> Easement Permit (\$100)                           |
| <input type="checkbox"/> Pawnee Nation Access Permit (\$25)             |  |

Name of Applicant: \_\_\_\_\_ Name of Operator: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
Address City State Zip

Phone No.: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_

Allotment Name: \_\_\_\_\_ Allotment No.: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Lease No.: \_\_\_\_\_

Unit or CA Name: \_\_\_\_\_ Unit or CA No.: \_\_\_\_\_

Location of Well/Site Activity at Surface: \_\_\_\_\_

Location of Proposed Production Zone: \_\_\_\_\_

T \_\_\_\_ /R \_\_\_\_ /S \_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ BIA/BLM Bond No.: \_\_\_\_\_

I certify that I will comply with the terms and conditions of this permit, and all laws and regulations of the Pawnee Nation of Oklahoma.

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

*Make payable to: Pawnee Nation Tax Commission.  
 Submit to: Pawnee Nation Tax Commission, P.O. Box 438, Pawnee, OK 74058.*

**\*\*\*OFFICIAL USE ONLY\*\*\***

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

APPROVED  DENIED

Date of Approval/Denial: \_\_\_\_\_ By \_\_\_\_\_