Type or print on this form a list of wells for which you are submitting "Well Report" forms.

State of Texas

State Well Report Submission Form

Send original copy, along with original copies of your State Well Reports, by certified mail to:

TDLR
PO Box 12157
Austin, TX 78711

DATE DRILLED	WELL OWNER	COUNTY

LICENSE DRILLER/PUMP INSTALLER _____ LICENSE NUMBER _____ DATE _____