



OFFICE OF PERMITTING AND COMPLIANCE

CLASS II INJECTION WELL PERMIT APPLICATION

UIC-2

MAILING ADDRESS
 OFFICE OF PERMITTING
 AND COMPLIANCE
 617 North 3rd St., 9th Floor
 Baton Rouge, LA 70802

APPLICATION NO.
 (FOR OFFICE USE ONLY)

1. APPLICATION TO:		2. WELL TYPE:						
<input type="checkbox"/> DRILL NEW WELL <input type="checkbox"/> CONVERT EXISTING WELL <input type="checkbox"/> REPERMIT WELL (SN: _____)		<input type="checkbox"/> SALT WATER DISPOSAL (SWD) <input type="checkbox"/> SWD FOR SALT CAVERN PROJECT <input type="checkbox"/> COMMERCIAL SWD <input type="checkbox"/> EOR: <input type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> OTHER: _____						
OPERATOR INFORMATION								
3. OPERATOR NAME		4. OPERATOR CODE						
5. OPERATOR ADDRESS		6. CITY, STATE, ZIP CODE						
7. OPERATOR EMAIL:		8. OPERATOR TELEPHONE NUMBER (WITH AREA CODE)						
WELL INFORMATION								
9. PROPOSED WELL NAME & NUMBER			10. SERIAL NUMBER (CONVERSION or RE-PERMIT ONLY)					
11. FIELD NAME	12. FIELD CODE	13. PARISH NAME	14. PARISH CODE					
15. SEC	TWN	RNG						
16. LEGAL LOCATION DESCRIPTION (must match Location Plat)								
17. GEOGRAPHIC COORDINATE SYSTEM (NAD 27)			18. STATE PLANE COORDINATES (LAMBERT, NAD 27)					
LATITUDE		LONGITUDE		LAMBERT-X	LAMBERT-Y	<input type="checkbox"/> NORTH ZONE		
DEG	MIN	SEC	DEG	MIN	SEC			
						<input type="checkbox"/> SOUTH ZONE		
WELL CONSTRUCTION INFORMATION				This information must match the information reported on Well Construction Diagram and Work Prognosis				
19. CASING SIZE (IN.)	HOLE SIZE (IN.)	CASING WEIGHT (LB/FT)	CASING GRADE	CASING SETTING DEPTHS TOP (FT.) BOTTOM (FT.)	TOTAL CEMENT USED (SACKS)	LEAD AMOUNT (SACKS) YIELD (CU FT/SACK) TYPE (CLASS)	TAIL AMOUNT (SACKS) YIELD (CU FT/SACK) TYPE (CLASS)	
20. TUBING		<input type="checkbox"/> STEEL <input type="checkbox"/> OTHER: _____				SIZE (IN)	DEPTH SET (FT)	
21. PACKER		<input type="checkbox"/> TENSIONAL <input type="checkbox"/> PERMANENT <input type="checkbox"/> COMPRESSIONAL <input type="checkbox"/> OTHER: _____				MAKE	MODEL	DEPTH SET (FT)
22. PLUGGED-BACK DEPTH (FT.)			23. TOTAL WELL DEPTH (FT.)					
PROPOSED INJECTION ZONE INFORMATION								
24. FORMATION NAME AND PROPOSED INJECTION ZONE			TOP (FT.)			BOTTOM (FT.)		
25. TYPE OF COMPLETION AND PROPOSED INJECTION INTERVAL			TOP (FT.)	TVD		BOTTOM (FT.)	TVD	
<input type="checkbox"/> PERFORATIONS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> SCREEN				MD			MD	
PRESSURE CALCULATION DATA								
26. INJECTION RATE (BARRELS/MINUTE)			NORMAL (BPM)			MAXIMUM (BPM)		
27. INJECTION FORMATION PROPERTIES: <input type="checkbox"/> ESTIMATED <input type="checkbox"/> MEASURED (Attach supporting evidence)			PERMEABILITY (MILLIDARCY, MD)			POROSITY (PERCENT, %)		

ADDITIONAL INFORMATION

28. LIST ANY RELEVANT OFFICE OF CONSERVATION ORDERS (E.G. 29-E EXEMPTIONS AND FIELD ORDERS RELATED TO OFFSET PRODUCTION):

29. DESCRIBE CONTINGENCY PLANS FOR SALTWATER DISPOSAL WHEN WELL IS DOWN.

30. IS THE PROPOSED WELL LOCATED ON INDIAN LANDS UNDER THE JURISDICTION OR PROTECTION OF THE FEDERAL GOVERNMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. IS THE PROPOSED WELL LOCATED ON STATE WATER BOTTOMS OR OTHER LANDS OWNED BY OR UNDER JURISDICTION OR PROTECTION OF THE STATE OF LOUISIANA?	<input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZED AGENT

32. AGENT OR CONTACT AUTHORIZED TO ACT FOR THE OPERATOR DURING PROCESSING OF THIS APPLICATION.

THE SIGNATURE OF THE OPERATOR CERTIFYING THIS APPLICATION WILL AUTHORIZE THIS AGENT OR CONTACT TO SUBMIT ADDITIONAL INFORMATION AS REQUESTED AND TO GIVE ORAL STATEMENTS IN SUPPORT OF THIS APPLICATION DURING THE APPLICATION REVIEW PROCESS. ANY CORRESPONDENCE (INCLUDING NOTICES OF DEFICIENCIES) GENERATED DURING THE REVIEW PROCESS OF THIS APPLICATION WILL BE SENT TO WHOMEVER IS LISTED IN THIS BOX. THE FINAL WRITTEN DECISION ON THIS APPLICATION WILL BE SENT TO THE OPERATOR NOTED IN BOX 2 OF THIS FORM.

NAME:

COMPANY:

MAILING ADDRESS:

TELEPHONE (WITH AREA CODE):

EMAIL:

CERTIFICATION BY OPERATOR

The signature below must be obtained from a duly appointed employee of the operating company.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (La R.S. 30:17).

33. NAME (PRINT)	34. TITLE (PRINT)
35. SIGNATURE	36. DATE