



CLASS II HYDROCARBON STORAGE WELL PERMIT APPLICATION

MAILING ADDRESS:
 OFFICE OF PERMITTING AND COMPLIANCE
 ENGINEERING DIVISION
 P.O. BOX 94275-CAPITOL STATION BATON
 ROUGE, LA 70804-9275

PHYSICAL ADDRESS:
 OFFICE OF PERMITTING AND COMPLIANCE
 ENGINEERING DIVISION
 617 N. THIRD ST., 8TH FLOOR
 BATON ROUGE, LA 70802

UIC-2 HSW

PLEASE READ APPLICATION PROCEDURES

TYPE ONLY

1. APPLICATION TO (CHECK ONE):		<input type="checkbox"/> CONVERT BRINE EXTRACTION WELL TO STORAGE WELL	
		<input type="checkbox"/> DRILL NEW STORAGE WELL IN EXISTING CAVERN	
		<input type="checkbox"/> RE-PERMIT AN EXISTING STORAGE WELL/ CAVERN	
2. WELL TO BE USED FOR STORAGE OF: <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> CRUDE OIL <input type="checkbox"/> LPG: _____ <input type="checkbox"/> OTHER HYDROCARBONS: _____			
3. OFFICE OF CONSERVATION ORDER NO. (IF APPLICABLE): _____			
4. OPERATOR'S NAME AND ADDRESS:		5. OPERATOR CODE:	
		6. PHONE: _____ FAX: _____	
		E-MAIL: _____	
7. FACILITY NAME AND ADDRESS:		8. CONTACT NAME:	
		9. PHONE: _____ FAX: _____	
		E-MAIL: _____	
10. PROPOSED WELL NAME AND NUMBER:		11. SERIAL NO. (CONVERSION OR RE-PERMIT ONLY)	

WELL LOCATION INFORMATION

12. SALT DOME (FIELD) NAME & CODE: ()	13. PARISH NAME & CODE: ()	14. SEC	TWP	RNG
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15. LEGAL LOCATION DESCRIPTION (FROM LOCATION PLAT):

16. LOCATION COORDINATES:

DATUM	GEOGRAPHIC COORDINATE SYSTEM				STATE PLANE ZONE: <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	
NAD 1927	LAT: ° MIN SEC	LONG: ° MIN SEC	X:	Y:		
NAD 1983	LAT: ° MIN SEC	LONG: ° MIN SEC	X:	Y:		

WELL CASING/ CEMENT DATA

17. CASING SIZE (IN)	HOLE SIZE (IN)	CASING WEIGHT	DEPTH SET		SACKS CEMENT		CEMENT YIELD (FT ³ /SACK)		TOP OF CEMENT
			TOP (FT)	BOTTOM (FT)	LEAD	TAIL	LEAD	TAIL	

36. DOES THE PROPOSED ACTIVITY AT THE LOCATION DESCRIBED IN THIS APPLICATION VIOLATE LOCAL ZONING ORDINANCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. HAS THE PROPOSED WELL OR SALT CAVERN BEEN PLUGGED AND ABANDONED OR HAS THE SITE OF THE PROPOSED FACILITY BEEN RESTORED PURSUANT TO FUNDING THROUGH THE OILFIELD SITE RESTORATION FUND, LSA-R.S. 30:80 et seq (ACT 404 OF 1993)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. IS THE PROPOSED WELL, SALT CAVERN, OR SURFACE FACILITY LOCATED ON INDIAN LANDS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE FEDERAL GOVERNMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. IS THE PROPOSED WELL, SALT CAVERN, OR SURFACE FACILITY LOCATED ON STATE WATER BOTTOMS OR OTHER LANDS OWNED BY OR UNDER JURISDICTION OF THE STATE OF LOUISIANA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. IS ANY CONVENTIONAL MINING (DRY OR ROOM-AND-PILLAR) ACTIVITY OCCURRING OR HAS SUCH ACTIVITY OCCURRED WITHIN THE SALT STOCK REGARDLESS OF DISTANCE TO THE PROPOSED STORAGE CAVERN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. IS THE MAXIMUM DIAMETER OF THE PROPOSED STORAGE CAVERN LESS THAN 100 FEET FROM THE PROPERTY BOUNDARY OF THIS APPLICANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. AS MEASURED IN ANY DIRECTION, ARE THE MAINIMUM DISTANCES BETWEEN THE WALLS OF THE PROPOSED STRAGE CAVERN AND ADJACENT SALT CAVERNS OR ANY MANMADE STRUCTURES WITHIN THE SALT STOCK LESS THAN 200 FEET?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. AS MEASURED IN ANY DIRECTION, ARE THE MINIMUM DISTANCES BETWEEN THE WALLS OF THE PROPOSED SALT CAVERN AND THE PERIPHERY OF THE SALT STOCK LESS THAN 300 FEET?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. HAS ANY PORTION OF THE PROPOSED SALT CAVERN COALESCED OR BEEN PROPOSED TO BE COALESCED WITH AN ADJACENT SALT CAVERN?	<input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZED AGENT

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

THE SIGNATURE BY 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.

NAME:

COMPANY:

ADDRESS:

PHONE:

E-MAIL:

WRITTEN CORRESPONDENCE SHOULD BE SENT TO (CHOOSE ONE): OPERATOR AUTHORIZED AGENT

CERTIFICATION BY OPERATOR

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 personal knowledge or 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.

46. NAME (PRINT)	47. TITLE (PRINT)
48. SIGNATURE	49. DATE