



OFFICE OF PERMITTING AND COMPLIANCE

CLASS II SLURRY FRACTURE INJECTION WELL
PERMIT APPLICATION

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

UIC-2 SFI

APPLICATION NO.
(FOR OFFICE USE ONLY)

1. APPLICATION TO :

DRILL NEW COMMERCIAL SFI DISPOSAL WELL

CONVERT EXISTING WELL TO COMMERCIAL SFI DISPOSAL WELL

OPERATOR INFORMATION

2. OPERATOR NAME	3. OPERATOR CODE
4. OPERATOR ADDRESS	5. CITY, STATE, ZIP CODE
6. OPERATOR EMAIL	7. OPERATOR TELEPHONE NUMBER (WITH AREA CODE)

WELL INFORMATION

8. PROPOSED WELL NAME & NUMBER				9. SERIAL NUMBER (CONVERSION or RE-PERMIT ONLY)		
10. FIELD NAME	11. FIELD CODE	12. PARISH NAME	13. PARISH CODE	14. SEC	TWN	RNG
15. LEGAL LOCATION DESCRIPTION (must match Location Plat)						

16. GEOGRAPHIC COORDINATE SYSTEM (NAD 27)			17. STATE PLANE COORDINATES (LAMBERT, NAD 27)				<input type="checkbox"/> NORTH ZONE
LATITUDE		LONGITUDE		LAMBERT-X	LAMBERT-Y	<input type="checkbox"/> SOUTH ZONE	
DEG	MIN	SEC	DEG	MIN	SEC		

WELL CONSTRUCTION INFORMATION
This information must match the information reported on Well Construction Diagram and Work Prognosis

18. CASING SIZE (IN.)	HOLE SIZE (IN.)	CASING WEIGHT (LB/FT)	CASING GRADE	CASING SETTING DEPTHS		TOTAL CEMENT USED (SACKS)	LEAD			TAIL		
				TOP (FT.)	BOTTOM (FT.)		AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)	AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)

19. TUBING	<input type="checkbox"/> STEEL <input type="checkbox"/> OTHER: _____	SIZE (IN)	DEPTH SET (FT)
20. PACKER	<input type="checkbox"/> TENSIONAL <input type="checkbox"/> PERMANENT <input type="checkbox"/> COMPRESSIONAL <input type="checkbox"/> OTHER: _____	MAKE	MODEL
			DEPTH SET (FT)

21. PLUGGED-BACK DEPTH (FT.)	22. TOTAL WELL DEPTH (FT.)
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PROPOSED INJECTION ZONE INFORMATION

23. FORMATION NAME AND PROPOSED INJECTION ZONE	TOP (FT.)	TVD / MD	BOTTOM (FT.)	TVD / MD
24. TYPE OF COMPLETION AND PROPOSED INJECTION INTERVAL <input type="checkbox"/> PERFORATIONS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> SCREEN	TOP (FT.)	TVD	BOTTOM (FT.)	TVD
		MD		MD
25. PROPOSED CONTAINMENT ZONE	TOP (FT.)	TVD / MD	BOTTOM (FT.)	TVD / MD
26. PROPOSED CONFINING ZONE	TOP (FT.)	TVD / MD	BOTTOM (FT.)	TVD / MD

PRESSURE CALCULATION DATA

27. INJECTION RATE (BARRELS/MINUTE)	NORMAL (BPM)	MAXIMUM (BPM)
28. INJECTION FORMATION PROPERTIES: <input type="checkbox"/> ESTIMATED <input type="checkbox"/> MEASURED (Attach supporting evidence)	PERMEABILITY (MILLIDARCY, MD)	POROSITY (PERCENT, %)

ADDITIONAL INFORMATION

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

30. IS THE PROPOSED WELL LOCATED WITHIN 2 MILES OF A WELLHEAD PROTECTION AREA? IF "YES", IDENTIFY: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. IS THE WELL LOCATED WITHIN THE LOUISIANA COASTAL ZONE BOUNDARY? IF "YES", LIST THE FOLLOWING: PERMIT #: _____ EXPIRATION DATE: _____ / _____ / _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. 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
33. 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

34. 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).

35. NAME (PRINT)	36. TITLE (PRINT)
37. SIGNATURE	38. DATE