



**CLASS III BRINE EXTRACTION WELL PERMIT APPLICATION**  
**OFFICE OF PERMITTING AND COMPLIANCE**  
**ENGINEERING DIVISION**  
**P.O. BOX 94275**  
**BATON ROUGE, LA 70804-9275**

**UIC-3 BR**

PLEASE READ APPLICATION PROCEDURES

TYPE ONLY

1. APPLICATION TO:		<input type="checkbox"/> DRILL NEW BRINE EXTRACTION WELL		<input type="checkbox"/> RE-PERMIT BRINE EXTRACTION WELL			
2. OFFICE OF CONSERVATION ORDER NO. (IF APPLICABLE): _____							
3. OPERATOR'S NAME AND ADDRESS:  EMAIL:			4. OPERATOR CODE:				
			5. PHONE:		FAX:		
6. FACILITY NAME AND ADDRESS:			7. CONTACT NAME:				
			8. PHONE:		FAX:		
<b>WELL INFORMATION</b>							
9. PROPOSED WELL NAME AND NUMBER:			10. SERIAL NO. (RE-PERMIT ONLY)				
11. SALT DOME:	12. PARISH:		13. SEC.	TWP.	RNG.		
14. LEGAL LOCATION DESCRIPTION (FROM LOCATION PLAT):							
15. LOCATION COORDINATES:			STATE PLANE COORDINATES (LAMBERT, NAD 27)				
GEOGRAPHIC COORDINATE SYSTEM (NAD27)			<input type="checkbox"/> NORTH ZONE <input type="checkbox"/> SOUTH ZONE				
LATITUDE:      °      MIN      SEC			X:      Y:				
LONGITUDE:      °      MIN      SEC							
<b>WELL CONSTRUCTION INFORMATION</b>							
16. CASING SIZE (IN.)	HOLE SIZE (IN.)	CASING WEIGHT	DEPTH SET		SACKS CEMENT	TYPE CEMENT	TOP OF CEMENT
			TOP (FT.)	BOTTOM (FT.)			
17. ELEVATION OF DATUM: _____ (AMSL/BMSL)			18. DATUM: <input type="checkbox"/> BHF <input type="checkbox"/> KB <input type="checkbox"/> GL <input type="checkbox"/> OTHER: _____		19. DRILLED DEPTH: _____ FT.		

PROPOSED INJECTION INTERVAL INFORMATION				
20. DEPTH OF PROPOSED INJECTION ZONE: (FROM TOP OF SALT TO BOTTOM OF CAVERN)	TOP:	FT.	BOTTOM:	FT.
21. DEPTH OF PROPOSED SALT CAVERN: (FROM TOP OF CAVERN TO BOTTOM OF CAVERN)	TOP:	FT.	BOTTOM:	FT.
22. DESCRIBE COMPLETION TYPE (OPEN HOLE INTERVAL):				
MECHANICAL DATA				
23. DESCRIBE HOW THE MECHANICAL INTEGRITY REQUIREMENTS WILL BE MET AS CALLED FOR IN STATEWIDE ORDER 29-N-1 (LAC 43:XVII.109.B.9):				
24. INJECTION RATE (GALLONS/MINUTE): _____ GPM		25. ESTIMATED INJECTION PRESSURE: _____ PSI		
26. TYPE OF ANNULUS PAD FLUID: _____		27. DENSITY OF PAD FLUIDS: _____ GM/CM <sup>3</sup>		
28. ESTIMATED FRACTURE GRADIENT OF INJECTION ZONE: _____ PSI/FT.		29. DATE OF LAST SONAR SURVEY (RE-PERMIT ONLY): _____		
OTHER INFORMATION				
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 OF THE STATE?				<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.				
<p>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.</p> <p>NAME:</p> <p>COMPANY:</p> <p>ADDRESS:</p> <p>PHONE:</p> <p>EMAIL:</p> <p>WRITTEN CORRESPONDENCE SHOULD BE SENT TO (CHOOSE ONE): <input type="checkbox"/> OPERATOR <input type="checkbox"/> AUTHORIZED AGENT</p>				
CERTIFICATION BY OPERATOR				
<i>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.</i>				
33. NAME (PRINT)		34. TITLE (PRINT)		
35. SIGNATURE		36. DATE		