SALT CAVERN WEEKLY MONITORING LOG & SUMMARY REPORT

OFFICE OF PERMITTING AND COMPLIANCE
ENGINEERING DIVISION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

UIC-50 -Select- (1st, 2nd, 3rd, 4th) - QUARTER OF _____ (YEAR)

PLEASE SUBMIT COMPLETED FORM TO:
INJECTION-MINING@LA.GOV

THIS FORM IS TO BE SUBMITTED TO IMD AT THE EMAIL ADDRESS ABOVE NO LATER THAN THE 15TH DAY FOLLOWING THE END OF THE QUARTER. COMPLETE THIS PAGE FOR EACH QUARTER.

WELL NAME:		**WELL NO.:**	**SERIAL NO.:**	
SALT DOME NAME:	**PARISH:**	**SECTION:**	**TOWNSHIP:**	**RANGE:**
OPERATOR NAME:			**OPERATOR CODE:**	

DEPTH OF LAST CEMENTED CASING (CASING SHOE):	**MASIP:**
UIC WELL CLASSIFICATION: (CLASS II – HSW, CLASS III – BR OR OTHER)	**CURRENT OPERATIONAL STATUS OF WELL:** (ACTIVE STORAGE, SOLUTION-MINING OR INACTIVE CAVERN)
NUMBER OF HANGING STRINGS:	**FLUID IN THE LAST CEMENTED CASING:**
TEST PRESSURE GRADIENT (PSI/FT) AT EFFECTIVE CASING SHOE:	**SPECIFIC GRAVITY OF ANNULAR FLUID:**

REPORTING PERIOD		**CLASS II-HSW AND CLASS III-BR**						
		WELLHEAD PRESSURE ON HANGING STRING (INNER)		**WELLHEAD PRESSURE ON HANGING STRING (OUTER)**		**VOLUME INJECTED** (BBLS for liquids or MCF for gas)	**ANNULUS PRESSURE** (Between Tubing and Casing)	
		MINIMUM (PSIG)	**MAXIMUM** (PSIG)	**MINIMUM** (PSIG)	**MAXIMUM** (PSIG)		**MINIMUM** (PSIG)	**MAXIMUM** (PSIG)
1ST MONTH:	WEEK 1							
☐JANUARY	WEEK 2							
☐APRIL	WEEK 3							
☐JULY	WEEK 4							
☐OCTOBER	WEEK 5							
2ND MONTH:	WEEK 1							
☐FEBRUARY	WEEK 2							
☐MAY	WEEK 3							
☐AUGUST	WEEK 4							
☐NOVEMBER	WEEK 5							
3RD MONTH:	WEEK 1							
☐MARCH	WEEK 2							
☐JUNE	WEEK 3							
☐SEPTEMBER	WEEK 4							
☐DECEMBER	WEEK 5							

UIC-50 -Select- (1st, 2nd, 3rd, 4th) QUARTER OF _____ (YEAR)

PLEASE SUBMIT COMPLETED FORM TO: INJECTION-MINING@LA.GOV

QUARTERLY CAVERN SUMMARY REPORT
WELL SERIAL NUMBER _____

1.) WERE ANY WORKOVERS PERFORMED ON THE WELL DURING THIS REPORTING PERIOD? ☐ YES ☐ NO - IF YES, PLEASE EXPLAIN BELOW:
2.) WAS AN ALARM OR SHUTDOWN TRIGGERED AT ANY TIME DURING THIS REPORTING PERIOD? ☐ YES ☐ NO - IF YES, PLEASE EXPLAIN THE INCIDENT AND RESPONSE:
3.) WERE THE PERMITTED OPERATING PARAMETERS FOR INJECTION OR ANNULUS PRESSURE EXCEEDED AT ANY TIME? ☐ YES ☐ NO - IF YES, PLEASE EXPLAIN BELOW:
4.) IF THIS IS A **STORAGE CAVERN**, WHAT PRODUCT TYPE IS CURRENTLY BEING STORED? HAS THE PRODUCT TYPE CHANGED DURING THIS REPORTING PERIOD?
5.) DESCRIBE/EXPLAIN *ANY* SIGNIFICANT OCCURRENCES DURING OPERATIONS WITHIN THIS REPORTING PERIOD:
6.) PLEASE PROVIDE THE RESULTS OF ANY MONITORING PROGRAM REQUIRED BY PERMIT OR COMPLIANCE ACTION:
7.) **INACTIVE CAVERNS** – WAS ANY FLUID WITHDRAWN AT ANY TIME DURING THIS REPORTING PERIOD? ☐ YES ☐ NO - IF YES, PLEASE PROVIDE THE SPECIFIC GRAVITY AND VOLUME OF FLUID WITHDRAWN BELOW:

Certification: *I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report 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.*

OPERATOR or REPRESENTATIVE NAME (PRINT) _____ TITLE _____

OPERATOR or REPRESENTATIVE SIGNATURE _____ DATE _____

Submit Form

INSTRUCTIONS FOR FILLING OUT AND COMPLETING THIS FORM:

This form is to be used for weekly monitoring of all active solution-mining caverns, active storage caverns and any cavern with inactive status.

Form Submittal:

Each salt cavern operator must complete this form for each cavern that they operate that is in active or inactive status. The completed form shall be submitted to the Office of Permitting & Compliance – Engineering Division email address (Injection-Mining@LA.gov) no later than the 15th day following the end of the quarter being reported.

→ EXAMPLE: the operator is reporting the *first quarter* (January, February & March) of the year 2026 and thus submits the form no later than April 15th of 2026.

Failure to submit this form within the allowable time frame may result in a compliance action.

Completing the Form:

Page One:
The upper portion of page one needs to be fully completed with well details specific to the cavern for which the form is being submitted. The weekly reporting portion of page one sould only be completed with information that is applicable to the specific well type.

- EXAMPLE: The cavern is an active Class II - Hydrocarbon Storage Well. Thus, the fields titled, "Average Injection Flow Rate" and "Volume Injected" are not applicable. If a field is not applicable, please enter "N/A."

Page Two
At the top of page two, please indicate the well Serial Number in addition to the relevant quarter and year. For subsequent fields, answer "Yes" or "No" and include pertinent explanations and details.

At the bottom of page two, please be sure to sign below the Certification Statement. Please note, digitally signing the form will lock all fields, and the document will no longer be editable. After signing the form, select "Submit Form" to email the completed Form UIC-50 to the Engineering Division. Please save a copy prior to signing to retain an editable version of the form.

ADDITIONAL ANNUAL REQUIREMENT - Pressure Trend Graph:

For all **inactive** caverns, operators must submit a graphical representation of annular and tubular pressures versus time for at least the previous five years with the *fourth quarter* Form UIC-50 report. The graph must be labeled with the operator name, operator code and state-issued serial number for identification purposes.

Please submit form and graph electronically to Injection-Mining@LA.gov.