

One original and two (2) copies of this report must be filed with the Injection & Mining Division within twenty (20) days of the completion of work described on this form. Do not submit the Form UIC-WH1 until all work and tests have been performed on the well. **Incomplete and unsigned forms will not be accepted.**



FORM UIC-WH1
for **INJECTION WELLS**
WELL HISTORY & WORK RESUME REPORT

OFFICE OF CONSERVATION- 9th FL
INJECTION & MINING DIVISION
617 N. THIRD ST.
BATON ROUGE, LA 70802

SERIAL NUMBER		APPLICATION/PERMIT NUMBER	
PERMITTED INJECTION ZONE (FT) (FOR CAVERNS: TOP IS TOP OF SALT & BOTTOM IS ORIGINAL TD)			
TOP:		BOTTOM:	
PERFORATED/OPEN HOLE INTERVAL (FT) (FOR CAVERNS: FINAL CEMENTED SHOE & BOTTOM OF CAVERN)			
TOP:		BOTTOM:	
FIELD		FIELD CODE	
PARISH		PARISH CODE	
SEC	TWN	RNG	

GENERAL INFORMATION

WORK TYPE (CHECK THE APPROPRIATE BOX)		WELL TYPE (CHECK THE APPROPRIATE BOX)	
<input type="checkbox"/> NEW DRILL WELL	<input type="checkbox"/> SIDETRACK	<input type="checkbox"/> CLASS I NONHAZARDOUS	<input type="checkbox"/> CLASS II SWD-COMMERCIAL
<input type="checkbox"/> WELL CONVERSION	<input type="checkbox"/> CAVERN MIT/SONAR	<input type="checkbox"/> CLASS I HAZARDOUS	<input type="checkbox"/> CLASS II HYDROCARBON STORAGE
<input type="checkbox"/> REDRILL	<input type="checkbox"/> TEMPORARILY ABANDON	<input type="checkbox"/> CLASS II EOR	<input type="checkbox"/> CLASS III SOLUTION MINING
<input type="checkbox"/> CHANGE OF ZONE	<input type="checkbox"/> OTHER WORK PERMIT	<input type="checkbox"/> CLASS II SWD	<input type="checkbox"/> OTHER: _____

WELL NAME	WELL NUMBER
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OPERATOR	OPERATOR CODE
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ADDRESS	CITY	STATE	ZIP CODE
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SPUD DATE (MM/DD/YYYY)	TOTAL DEPTH (FT)	PBTD (FT) (FOR CAVERNS: TD OF MOST RECENT SONAR)
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GROUND ELEVATION (FT)	CASING HEAD FLANGE ELEVATION (FT)	DISTANCE FROM RKB TO CHF (FT)
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TUBING/HANGING STRINGS AND PACKER

Enter this information for each work permit regardless of whether or not it has changed. If this is left blank it means no tubing/hanging string(s) or packer is in the well. Report Datum as KB, CHF, GL, etc.

TUBING/HANGING STRING SIZE (OD-INCHES)	TUBING/HANGING STRING DEPTH (FEET)	DATUM	PACKER DEPTH (FEET)	DATUM

WELL COMPLETION INFORMATION

ONLY COMPLETE THIS SECTION IF:

- 1-THIS IS A NEW DRILL; 2-THE COMPLETION INFORMATION FOR THIS WELL HAS CHANGED; OR 3-A CORRECTION IS BEING SUBMITTED WITH SUPPORTING DOCUMENTATION SUCH AS DRILLING REPORTS OR CEMENTING RECORDS.**

CASING AND LINER RECORD

Complete this section with casing information and with any relevant information documented in the Description of Work Section. Report Datum as KB, CHF, GL, etc.

CASING/LINER SIZE (OD-INCHES)	HOLE SIZE (INCHES)	CASING/LINER WEIGHT (LB/FT)	CASING/LINER SETTING DEPTHS			CASING TEST PRESSURE (PSI)	CASING TEST DURATION (HOURS)	CASING TEST DATE (MM/DD/YYYY)	NAME OF TEST WITNESS- STATE IF CONSERVATION AGENT OR OFFSET OPERATOR
			TOP (FEET)	BOTTOM (FEET)	DATUM				

CASING AND LINER CEMENT RECORD

Complete this section with the cement information and with any relevant information documented in the Description of Work Section. If the cement information for the casing or liner is unknown, enter UNK in the Total Cement Used column; if the casing or liner was not cemented, enter 0 (zero) in the column.

CASING/LINER SIZE (OD-INCHES)	HOLE SIZE (INCHES)	CASING/LINER SETTING DEPTHS (FEET)		TOTAL CEMENT USED (SACKS)	LEAD			TAIL		
		TOP	BOTTOM		AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)	AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)

PLUG BACK RECORD

Acceptable plug types are 100-foot cement plugs (CP), Cast Iron Bridge Plugs topped with at least 10 feet of cement (CIBP) or a Cement Retainer topped with at least 20 feet of cement (CR). Include the top of cement in the Upper Plug Depth. Convert Cubic Feet of Cement to Sacks of Cement. Use the shallowest Upper Plug depth in the PBTD field.

DATE WORK PERFORMED (MM/DD/YYYY)	PLUG TYPE (CP, CIBP, or CR)	UPPER PLUG DEPTH (FEET)	LOWER PLUG DEPTH (FEET)	TOTAL CEMENT USED (SACKS)	CEMENT YIELD (CU FT/SACK)	TEST PRESSURE (PSI)	TEST DURATION (HOURS)	TEST DATE (MM/DD/YYYY)

I, the undersigned, state: that I am employed by the company indicated below; that I am authorized to make this report; that this report was prepared under my supervision and direction; and that all facts stated herein are true, correct and complete to the best of my knowledge. I am aware there are significant penalties for submitting false information, including the possibility of a fine, imprisonment or both (LSA-R.S. 30:17).

PRINT NAME & TITLE	PRINT COMPANY NAME
_____	_____
SIGNATURE	DATE
_____	_____
EMAIL ADDRESS	TELEPHONE NUMBER
_____	_____

WELL LOGGING AND TESTING DATA

Complete this section with the testing and logging information associated with THIS application.

WAS A MIPT PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WITNESSED BY A CONSERVATION AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST PRESSURE (PSI)	TEST DURATION (HRS)	TEST DATE
MEASUREMENT OF THE BOTTOM HOLE PRESSURE OR THE STATIC FLUID LEVEL.	MEASURED BOTTOM HOLE PRESSURE AND DEPTH		DATE MEASURED	WITNESSED BY A CONSERVATION AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	PSI @	FT.		
	STATIC FLUID LEVEL (FT.)	DATE MEASURED	METHOD USED	WITNESSED BY A CONSERVATION AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS WELL DIRECTIONALLY DRILLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS A DIRECTIONAL SURVEY MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE 3 COPIES FILED WITH THE OFFICE OF CONSERVATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, DATE SUBMITTED
TYPE OF ELECTRICAL OR OTHER LOGS RUN UNDER THIS APPLICATION ONLY (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.)				DATE SUBMITTED

MIT AND SONAR DATA
Salt Cavern Wells ONLY

WAS A MIT PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST DATE	DATE SUBMITTED	WAS A CASING INSPECTION PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LOG	DATE SUBMITTED
WAS SONAR PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE ROOF SURVEYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF THE SONAR	DATE SUBMITTED	CAVERN VOLUME (BBLs)	PER LATEST SONAR DATED
TYPE OF ELECTRICAL OR OTHER LOGS RUN UNDER THIS APPLICATION ONLY (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.)					DATE SUBMITTED

WORK RESUMÉ

List below all work performed (the drilling, completion, or any other work) under THIS Injection & Mining Division permit.

DATE WORK PERFORMED (MM/DD/YYYY)	SERVICE COMPANY	DESCRIPTION OF WORK

FORMATIONS

List below all-important Paleofaunal or Geological Formation tops, Cap Rock and Salt Overhang bottoms.

FORMATION	DEPTH	FORMATION	DEPTH