



OFFICE OF CONSERVATION

MAILING ADDRESS
 OFFICE OF CONSERVATION
 INJECTION AND MINING DIVISION
 P.O. BOX 94275
 BATON ROUGE, LA 70804-9275

COI CONE OF INFLUENCE ATTACHMENT	APPLICATION NUMBER (FOR INJECTION AND MINING USE ONLY)
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USE THIS FORM WHEN COMPLETING FORM UIC-2 MASIP FOR AN IMD GS-09 REQUEST

The applicant must provide properties of the injection formation sufficient to calculate a Cone of Influence (COI) around the injection well in order to define the Area of Review (AOR) for identification of wellbores or other possible avenues of migration into the Underground Source of Drinking Water (USDW) or oil or gas zones and to demonstrate that injection will not pose a risk to the USDW, oil and gas drilling and production, other injection operations, or the health safety and welfare of the general public.

OPERATOR INFORMATION

OPERATOR NAME			OPERATOR CODE
OPERATOR MAILING ADDRESS			CITY
STATE		ZIP CODE	
CONTACT NAME	CONTACT TELEPHONE NUMBER	CONTACT EMAIL ADDRESS	
WELL NAME AND NUMBER			SERIAL NUMBER

CONE OF INFLUENCE DATA

Provide the following data in the spaces below.

DATA OBTAINED FROM:

(Indicate from the following)
 Subject Well Serial No., Offset Well
 Serial No., "Assumed" or "Calculated"

CURRENT STATIC RESERVOIR PRESSURE		PSIA	
POROSITY		DECIMAL	
VISCOSITY OF FORMATION FLUID		CP	
TOTAL CUMULATIVE VOLUME INJECTED INTO INJECTION INTERVAL		BBLS	
RESERVOIR FLUID SPECIFIC GRAVITY			
PERMEABILITY		MD	
PROPOSED INJECTION RATE			GAL/MIN
TOP OF THE INJECTION ZONE			FEET
UPPERMOST PERFORATED INTERVAL			FEET
RADIUS OF THE INSIDE DIAMETER OF THE PERFORATED CASING			FEET
TUBING SIZE			INCHES
FRACTURE GRADIENT	<input type="checkbox"/> BASED ON EATON'S CORRELATION <input type="checkbox"/> DIRECT MEASUREMENT FROM A ROCK MECHANICS LOG <input type="checkbox"/> STEP RATE - FALLOFF TEST		PSI/FOOT

INDICATE FORMATION TYPE: (SAND, ETC.) _____

HAS THE FORMATION BEEN ACIDIZED / STIMULATED? YES NO IF YES, INDICATE THE DATE AND WORK PERFORMED:

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS APPLICATION 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.

PRINT NAME		PRINT TITLE	
SIGNATURE		DATE	