

 OFFICE OF CONSERVATION

**MAILING ADDRESS**

Office of Conservation

P.O. Box 94275-Capitol Station

Baton Rouge, LA 70804-9275

|  |  |  |
| --- | --- | --- |
| IMD-1 Request for Expedited Review[ ]  **underground injection Control Program**[ ]  **Surface mining program: Permit No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | ***(For Office Use Only)*****DATE STAMP** |  |
| **OPERATOR NAME** | **OPERATOR CODE** |
|  |  |
| **OPERATOR MAILING ADDRESS** | **CITY** | **STATE** | **ZIP CODE** |
|  |  |  |  |
| **CONTACT NAME** | **CONTACT TELEPHONE NUMBER** | **CONTACT EMAIL ADDRESS** |
|  |  |  |
| **Well Data** |
|  **application/pERMIT Type**  (CHECK THE APPROPRIATE BOX)  |   |   |
| [ ]  Class I | [ ]  Class II SWD | [ ]  Class II EOR  | [ ]  Class II storage |
| [ ]  Class II SWD Com | [ ]  Class III | [ ]  class v | [ ]  work Permit |
| [ ]  other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |
| **WELL NAME AND NUMBER** | **SERIAL NUMBER** |
|  |  |
|  **APPLICATON/PERMIT NUMBER** | **CAVERN CODE**  |
|  |  |
| **FIELD NAME** | **FIELD NUMBER** | **SEC** | **TWN** | **RNG** |
|  |  |  |  |  |
| **PARISH NAME** | **PARISH CODE** |
|  |  |
| **Description of Expedited Review Request** |
|  |
|  |
|  |
| **DATE PERMIT APPLICATION SUBMITTED TO IMD** |  |
| **REQUESTED DATE FOR PERMIT ISSUANCE** |  |
| **MAXIMUM AMOUNT APPLICANT IS WILLING TO PAY** |  |
| **PRINT NAME** | **PRINT TITLE** |
|  |  |
| **SIGNATURE** | **DATE** |
|  |  |
| ***OFFICE USE ONLY:*** |
| **ESTIMATED # HOURS TO COMPLETE REVIEW** |  | **COMMENTS:** |
| **ESTIMATED COST** |  |  |
| **ESTIMATED DATE OF COMPLETION** |  |  |
| **SUFFICIENT WORK FORCE AVAILABLE?** |  |
| **IF NOT, EXPECTED DATE PERSONNEL AVAILABLE FOR REVIEW** |  |
| **DOES APPLICANT HAVE OUTSTANDING FEES OR PENALTIES?** |

|  |
| --- |
| [ ]  |

 | YES |  | NO |