# IMD-1 Request for Expedited Review

(For Office Use Only)

**DATE STAMP**

<table>
<thead>
<tr>
<th>OPERATOR NAME</th>
<th>OPERATOR CODE</th>
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<tbody>
<tr>
<td>OPERATOR MAILING ADDRESS</td>
<td>CITY</td>
</tr>
<tr>
<td>CONTACT NAME</td>
<td>CONTACT TELEPHONE NUMBER</td>
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## 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 ____________________

<table>
<thead>
<tr>
<th>WELL NAME AND NUMBER</th>
<th>SERIAL NUMBER</th>
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<tbody>
<tr>
<td>APPLICATON/PERMIT NUMBER</td>
<td>CAVERN CODE</td>
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<tr>
<td>FIELD NAME</td>
<td>FIELD NUMBER</td>
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<tr>
<td>PARISH NAME</td>
<td>PARISH CODE</td>
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## 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
- 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