



OFFICE OF CONSERVATION

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

UIC-2 MASIP Request to Increase the Maximum Authorized Surface Injection Pressure				APPLICATION NUMBER <small>(FOR INJECTION AND MINING USE ONLY)</small>	
APPLICATION TYPE					
APPLICATION TYPE:	<input type="checkbox"/> NEW APPLICATION		<input type="checkbox"/> RENEWAL APPLICATION		
WELL TYPE:	<input type="checkbox"/> CLASS II SWD		<input type="checkbox"/> CLASS II SWD COM		<input type="checkbox"/> CLASS II EOR
OPERATOR INFORMATION					
OPERATOR NAME				OPERATOR CODE	
OPERATOR MAILING ADDRESS			CITY	STATE	ZIP CODE
CONTACT NAME		CONTACT TELEPHONE NUMBER		CONTACT EMAIL ADDRESS	
WELL DATA					
WELL NAME AND NUMBER				SERIAL NUMBER	
FIELD NAME			FIELD CODE		SEC
PARISH NAME			PARISH CODE		
METHOD FOR DETERMINING THE MASIP					
POLICY/TEST PROCEDURE <small>(CHECK THE APPROPRIATE BOX / BOXES)</small>					
<input type="checkbox"/> IMD GS-09		<input type="checkbox"/> STEP RATE-FALLOFF TEST		<input type="checkbox"/> OTHER (SPECIFY BELOW)	
INCLUDE COMPLETED COI ATTACHMENT		SUBMIT A WORK PERMIT ON FORM UIC-17			
IF A METHOD OTHER THAN IMD GS-09 OR A STEP RATE-FALL OFF TEST IS BEING REQUESTED TO DETERMINE THE MASIP, PLEASE SELECT "OTHER" FROM THE OPTIONS ABOVE AND EXPLAIN THE PROCEDURE IN THE SPACE PROVIDED BELOW.					
IF IMD GS-09 IS REQUESTED, PLEASE AFFIRM THE FOLLOWING:					
<input type="checkbox"/> I REQUEST A VARIANCE TO THE REQUIREMENTS OF LAC 43:XIX.405.B.4 AND POLICY NO. IMD 1999-03, EFFECTIVE MARCH 1, 1999 FOR ESTABLISHING THE MASIP FOR THE WELL IDENTIFIED IN THIS APPLICATION.					
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		