

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. Please complete the form with as much historical and current information as possible. **Incomplete and unsigned forms will not be accepted.**



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

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

PHYSICAL ADDRESS
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.)		
TOP:		BOTTOM:
PERFORATED INTERVAL (FT.) (PERFORATIONS, OPEN HOLE, or TOP & BOTTOM OF CAVERN)		
TOP:		BOTTOM:
FIELD		FIELD CODE ()
PARISH		PARISH CODE ()
SEC	TWN	RNG

WELL DATA

WORK TYPE (CHECK THE APPROPRIATE BOX) <input type="checkbox"/> NEW DRILL WELL <input type="checkbox"/> SIDETRACK <input type="checkbox"/> WELL CONVERSION <input type="checkbox"/> CAVERN MIT/ SONAR <input type="checkbox"/> REDRILL <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF ZONE <input type="checkbox"/> OTHER WORK PERMIT		WELL TYPE (CHECK THE APPROPRIATE BOX) <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II HYRDOCARBON STORAGE <input type="checkbox"/> CLASS II EOR <input type="checkbox"/> CLASS III <input type="checkbox"/> CLASS II SWD <input type="checkbox"/> CLASS VI <input type="checkbox"/> CLASS II SWD COM <input type="checkbox"/> OTHER	
WELL NAME		WELL NUMBER	
OPERATOR		OPERATOR CODE ()	
ADDRESS		CITY	STATE
ZIP CODE			
SPUD DATE (MM/DD/YYYY)	TOTAL DEPTH (FT)	PBTD (FT.)	
GROUND ELEVATION (FT)	CASING HEAD FLANGE ELEVATION (FT)	DISTANCE FROM RKB TO CHF (FT)	

CASING AND LINER RECORD
Complete this section with the available historical casing information and with any relevant information documented in the Description of Work Section.

CASING/LINER SIZE (OD-INCHES)	HOLE SIZE (INCHES)	CASING/LINER WEIGHT (LB/FT)	CASING/LINER SETTING DEPTHS (FEET)		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	BOTTOM				

CASING AND LINER CEMENT RECORD
Complete this section with the available historical 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)

TUBING/HANGING STRINGS AND PACKER

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

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 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 _____ and that I am authorized to make this report, and 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 or imprisonment or both (LSA-R.S. 30:17).

PRINT NAME	PRINT TITLE
_____	_____
SIGNATURE	DATE
_____	_____

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
MEASURE THE BOTTOM HOLE PRESSURE OR THE STATIC FLUID LEVEL FOR NEW DRILLED WELLS, WELL CONVERSIONS, REDRILLS, OR A CHANGE-OF-ZONE.	SHUT-IN BOTTOM HOLE PRESSURE AND DEPTH PSI @ FT.		DATE MEASURED	WITNESSED BY A CONSERVATION AGENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	STATIC FLUID LEVEL (FT.)		DATE MEASURED	METHOD USED
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 FILED

TYPE OF ELECTRICAL OR OTHER LOGS RUN (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.) **DATE FILED**

MIT AND SONAR DATA
Salt Cavern Wells ONLY

WAS A MIT PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST DATE	IF YES, DATE FILED	WAS A CASING INSPECTION PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	IF YES, DATE FILED
WAS A SONAR PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAVERN VOLUME PER SONAR (BBLs)		SONAR DATE		IF YES, DATE FILED

TYPE OF ELECTRICAL OR OTHER LOGS RUN (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.) **DATE FILED**

WORK RESUME

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