



CLASS V STRAT TEST WELL PERMIT APPLICATION

OFFICE OF CONSERVATION
INJECTION & MINING DIVISION
617 N. Third St., 9th FLOOR
BATON ROUGE, LA 70802

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UIC-25 STRAT TEST

PLEASE READ APPLICATION INSTRUCTIONS

TYPE ONLY

1. APPLICATION TYPE: (Check One) <input type="checkbox"/> DRILL AND COMPLETE NEW CLASS V WELL <input type="checkbox"/> CONVERT AN EXISTING WELL TO CLASS V <input type="checkbox"/> OTHER (SPECIFY):			
2. IDENTIFY WELL USE			
3. IDENTIFY FUTURE WELL USE (i.e. Conversion to Class VI, monitor well, P&A, etc.)			
4. OWNER/OPERATOR NAME			5. OC OPERATOR CODE
6. OWNER/OPERATOR MAILING ADDRESS		7. CITY, STATE, ZIP CODE	
8. TELEPHONE NO		9. E-MAIL ADDRESS	
10. WELL NAME	11. WELL NO	12. WELL SERIAL NO (Well Conversions Only)	
13. FIELD NAME			14. FIELD CODE
15. PARISH NAME		16. SECTION	17. TOWNSHIP
			18. RANGE
19. LOCATION COORDINATES (GCS, NAD 27) LATITUDE: ° MIN SEC LONGITUDE: ° MIN SEC		20. STATE PLANE COORDINATES (LAMBERT, NAD 27) <input type="checkbox"/> NORTH ZONE <input type="checkbox"/> SOUTH ZONE X: Y:	
21. LEGAL LOCATION DESCRIPTION (FROM LOCATION PLAT):			

22. LIST PERMITS, LICENSES, OR APPROVALS THE APPLICANT HAS RECEIVED OR APPLIED FOR WHICH SPECIFICALLY AFFECT THE APPLICANT'S LEGAL OR TECHNICAL ABILITY TO CARRY OUT THE PROPOSED ACTIVITY. INCLUDE IDENTIFICATION NUMBER OF APPLICATIONS OR, IF ISSUED, THE IDENTIFICATION NUMBER OF THE PERMIT, LICENSE, OR OTHER APPROVALS.										
Regulatory Program or Agency						Permits, Licenses, Construction, Project Approval Identification				
23. WELL CASING / CEMENT DATA										
CASING SIZE (OD-INCHES)	HOLE DIAMETER (INCHES)	CASING WEIGHT (LB/FT)	CASING GRADE	CASING SETTING DEPTHS		TOTAL SACKS	SACKS CEMENT (Lead/Tail)	TYPE (Lead/Tail)	YIELD (CU FT/SACK) (Lead/Tail)	CEMENT TOP
				TOP	BOTTOM					
ALL WELL DEPTHS SHOULD BE GIVEN IN MD										
24. BASE OF USDW (FT):						25. REFERENCE E-LOG FOR USDW (SERIAL NUMBER):				
26. WELL TOTAL DEPTH (FT):			27. PLUGBACK DEPTH (FT):			28. TUBING SIZE & DEPTH:		29. PACKER SIZE & DEPTH:		
INJECTIVITY TEST INFORMATION (IF APPLICABLE)										
30. INJECTION ZONE DEPTHS						31. COMPLETION/PERFORATION DEPTHS				
Top:			Bottom:			Top:		Bottom:		
32. REFERENCE E-LOG FOR INJECTION ZONE INFO (SERIAL NUMBER):										
33. WELL COMPLETION				<input type="checkbox"/> OPEN HOLE		<input type="checkbox"/> PERFORATIONS		<input type="checkbox"/> SCREEN		
34. TEST MATERIAL (e.g. nitrogen, brine, etc):				35. MAXIMUM TEST PRESSURE (psi):		36. TOTAL INJECTION VOLUME (bbls):				
CO ₂ is prohibited as a Class V test material										
37. Is the Well Located on Indian Lands or Other Lands Owned by or under the Jurisdiction or Protection of the Federal Government?									<input type="checkbox"/> YES <input type="checkbox"/> NO	
38. Is the Well Located on State Water Bottoms or Other Lands Owned by or under the Jurisdiction or Protection of the State of Louisiana?									<input type="checkbox"/> YES <input type="checkbox"/> NO	
39. If the proposed well is associated with a potential Class VI geologic sequestration project, does the applicant own the mineral rights at the proposed well locations?									<input type="checkbox"/> YES <input type="checkbox"/> NO	
40. If no, has written notification been provided to the mineral owner(s)?									<input type="checkbox"/> YES <input type="checkbox"/> NO	

41. AGENT OR CONTACT AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT DURING THE PROCESSING OF THIS APPLICATION**NAME:****COMPANY:****MAILING ADDRESS:****TELEPHONE NUMBER:****E-MAIL ADDRESS:****42. CERTIFICATION BY WELL OWNER/OPERATOR**

I certify that as the owner/operator of the injection well, the person identified in Item No. 37 above is authorized to act on my behalf during the processing of this application, to submit additional information as requested, and to give oral statements in support of this application. I will grant an authorized agent of the Office of Conservation entry onto the property to inspect the injection well and related appurtenances as per LSA-R.S. 30:4. I agree to operate the well in accordance with Office of Conservation guidelines. I further certify under penalty of law that I have examined and am familiar with the information submitted in this document and all attachments and that based on my 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 or imprisonment or both (LSA-R.S. 30:17).

Print Name of Well Owner/Operator**Print Title of Company Official (as applicable)****Signature of Well Owner/Operator****Date**