



CLASS VI WELL PERMIT APPLICATION

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

Injection-Mining@la.gov
(225) 342-5515

UIC-60 CCS

TYPE ONLY

APPLICATION NO.
(FOR OFFICE USE ONLY)

1. APPLICATION TYPE: (Check One) <input type="checkbox"/> DRILL AND COMPLETE NEW CLASS VI WELL <input type="checkbox"/> CONVERT AN EXISTING WELL TO CLASS VI				2. PROJECT NAME						
3. OWNER/OPERATOR NAME								4. OPERATOR CODE		
5. OWNER/OPERATOR MAILING ADDRESS				6. FACILITY ADDRESS						
7. TELEPHONE NO				8. E-MAIL ADDRESS						
9. WELL NAME				10. WELL NO		11. WELL SERIAL NO (Well Conversions Only)				
WELL LOCATION INFORMATION										
12. FIELD NAME								13. FIELD CODE		
14. PARISH NAME					15. SECTION		16. TOWNSHIP		17. RANGE	
18. LOCATION COORDINATES (GCS, NAD 27) LATITUDE: ° MIN SEC LONGITUDE: ° MIN SEC					19. STATE PLANE COORDINATES (LAMBERT, NAD 27) <input type="checkbox"/> NORTH ZONE <input type="checkbox"/> SOUTH ZONE X: Y:					
20. LEGAL LOCATION DESCRIPTION (FROM LOCATION PLAT):										
21. WELL CONSTRUCTION INFORMATION										
CASING SIZE (IN)	HOLE DIAMETER (IN)	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					

22. BASE OF USDW (FT): REFERENCE E-LOG (SERIAL NUMBER):		23. ELEVATION OF DATUM FOR PROPOSED WELL (FT): <input type="checkbox"/> KB <input type="checkbox"/> GL <input type="checkbox"/> MSL	
24. PLUGGED BACK DEPTH (FT):		25. TOTAL DEPTH (FT):	
26. TUBING SIZE: DEPTH:		27. PACKER SIZE: DEPTH:	
PROPOSED INJECTION INTERVAL INFORMATION			
28. WELL COMPLETION <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PERFORATIONS <input type="checkbox"/> SCREEN			
29. PROPOSED INJECTION FORMATION NAME(S):			
30. PROPOSED INJECTION ZONES:			
31. PROPOSED PERFORATION INTERVALS:			
PROPOSED INJECTION STREAM INFORMATION			
32. PROJECTED TOTAL MASS (MM-T):		33. PROJECTED INJECTION PERIOD (YR):	
34. INJECTION STREAM COMPOSITION (RELATIVE PERCENTAGE):			
35. SITE PERMITS			
PERMITTING AUTHORITY	PERMIT/APPLICATION NUMBER	CURRENT STATUS	
36. LIST ANY RELEVANT OFFICE OF CONSERVATION ORDERS (e.g., 29-E exemptions and field orders related to offset production):			
37. IS THE WELL LOCATED WITHIN THE LOUISIANA COASTAL ZONE?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

OTHER INFORMATION	
38. IS THE WELL OR PROPOSED AOR BOUNDARY 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
39. IS THE WELL OR PROPOSED PLUME 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
40. IS THE WELL OR PROPOSED AOR BOUNDARY LOCATED ON LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE STATE OF ARKANSAS, THE STATE OF MISSISSIPPI, OR THE STATE OF TEXAS?	<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: PHONE: EMAIL:	
42. CERTIFICATION BY WELL OWNER/OPERATOR (LAC 43:XVII.3605.E)	
<p>I certify that as the owner/operator of the injection well, the person identified in Item No. 46 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).</p>	
PRINT NAME OF WELL OWNER/OPERATOR	TITLE OF COMPANY OFFICIAL
DIGITAL SIGNATURE OF WELL OWNER/OPERATOR	