

**SALT CAVERN COMPLIANCE: 2020 UPDATE**

<b>Operator-of-Record:</b>		<b>Operator Code:</b>	
<b>List all cavern well Serial Number(s) associated with facility:</b>		<b>Salt Dome:</b>	
<b>Contact Name:</b> (If different from the Operator)		<b>Contact Phone Number:</b>	
		<b>Contact Email:</b>	

**Please submit the following only if there have been any changes, revisions or updates made since the last Cavern Compliance submittal in 2014/2015:**

**Schematic-type cross-section(s)**

- 1.) Please provide an illustration for each cavern that has less than 500 feet of spacing between the outermost walls of the cavern and the periphery of the salt stock for the entire vertical length of the cavern.
- 2.) Please provide an illustration for each cavern that has less than 300 feet of spacing between adjacent structures within the salt stock.
- 3.) On all illustrations, please use the most recent sonar survey and annotate relevant distances, the date of the sonar survey, and the cavern well Serial Number.

**Top of Salt (TOS) – Structure Contour Map**

- 1.) The map must be constructed using most up-to-date subsurface data available (including sonar surveys).
- 2.) The map scale must be no smaller than 1" to 500'.
- 3.) Please include a description of the source(s) of data used to create the map.
- 4.) Please include a Louisiana Professional Geoscientist (PG) stamp or seal for all geologic interpretations. This also applies to any submitted cross-sections.

**Closure/Post-Closure Plan(s) and Cost Estimate**

**Executive Summary** that includes an overview of all documents and information being submitted. Additionally, please provide a detailed summary of any operational changes if any have occurred since the last compliance submittal.

No updates, changes or spacing concerns apply to the existing cavern compliance documentation for any of the existing caverns.

**\*\*Please be aware that the TOS map should be updated if new information has become available, regardless of cavern spacing.**

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SIGNATURE OF AUTHORIZED SIGNATORY AND DATE

\_\_\_\_\_  
TITLE OR POSITION

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED SIGNATORY PURSUANT TO LAC 43:XVII.305.D OR 3305.D

\_\_\_\_\_  
EMAIL AND TELEPHONE NUMBER

***Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report and all attachments 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.*

**SUBMIT TO:**  
OFFICE OF CONSERVATION - INJECTION AND MINING DIVISION  
P.O. BOX 94275  
BATON ROUGE, LA 70804