

## OFFICE OF CONSERVATION

CLASS II ANNULAR SALT WATER DIPOSAL WELL PERMIT APPLICATION

MAILING ADDRESS OFFICE OF CONSERVATION 617 North 3<sup>rd</sup> St., 9<sup>TH</sup> Floor Baton Rouge, LA 70802

APPLICATION NO.

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OF CONSE	No.	016-9								(FOR OFFI	CE USE ONI	LY)				
1. APPLICATION	ON TO (CHEC	K ONE):														
INITIAL A	PPLICATION F	OR AN ANN	ULAR SALT W	ATER DISI	POSAL INJECTION	N WELL										
RE-PERMIT APPLICATION FOR AN ANNULAR SALT WATER DISPOSAL INJECTION WELL																
					OPI	ERATOR INI	FORMAT	ΓΙΟΝ								
2. OPERATOR	. OPERATOR NAME 3. OPERATOR CODE															
4. OPERATOR MAILING ADDRESS									5. CITY, STATE, ZIP CODE							
6. APPLICANT	TELEPHONE		7.	7. APPLICANT EMAIL ADDRESS												
	WELL LOCATION INFORMATION															
8. WELL NAM	E & NUMBER								9. SERIAL NUMBER (CONVERSION OR RE-PERMIT ONLY)							
10. FIELD NAM	10 EIELDNAME 14 E			ODF	12. PARISH NAM	MF	13. PARISH CODE			14. SEC 15		15. TWN	5. TWN 16. RNG			
10. 1122	IO. FIELD NAME			11. FIELD CODE 12. PARISH NA				10	1011 0022	1.4. 020		V		III. KNO		
17. LEGAL LOC	17. LEGAL LOCATION DESCRIPTION															
18. GEOGRAPH		ATE SYSTEM	(NAD 27)			19. STAT			ORDINATES (LAMBERT, NAD 27)							
	LATITUDE			LONGITUDE  DEG MIN SE			LAMBERT-X			LAN	MBERT-Y		NOR	TH ZONE		
DEG	MIN SEC		DEG	DEG MIN												
													sou	TH ZONE		
					WELL CO	ONSTRUCTION	ON INFO	RMATI	ON							
					CA	SING AND LIN	NER RECO	ORD								
20. CASING	21. HOLE	22 C/	ASING		24. CASING					S. LEAD 27. TAIL						
SIZE (OD-	21. HOLE SIZE (INCHES	WE	EIGHT 23.	. CASING GRADE		EPTHS	US	MENT ISED	26.							
INCHES)	(11101120	) (	(LB/FT)		TOP (FEET)	BOTTOM (FEET)	(SAC	ACKS) AMOUNT (SACKS)		YIELD (CU FT/SACK)	TYPE (CLASS)	(SACKS)		TYPE K) (CLASS)		
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28. METHOD (	OF PRODUCT	ION:					<u> </u>									
			Пенви	-DOIDLE D	име Потне	FD:										
I I FLOV	AVING I I P	SEAM PUMP	I I SURME	RSIRI F P	TIMP I COTHE	₹R:										

WELL ECONOMICS								
29. HYDROCARBON PRODUCTION PER DAY:	0. SALTWATER PRODUCTION PER DAY:							
BBLS OIL OR CONDENSATE/DAY  MCF GAS/DAY  BBLS SALTWATER/DAY								
31. ARE THERE POTENTIALLY PRODUCTIVE ZONES IN THIS WELL THAT HAVE NOT BEEN TESTED OR PRODUCED?  IF "YES", IDENTIFY:								
32. IS THE WELL LOCATED WITHIN THE LOUISIANA COASTAL ZONE BOUNDARY?  IF "YES", LIST THE FOLLOWING: PERMIT #: EXPIRATION DATE: / /								
33. DO YOU OPERATE AN OTHER PRODUCING WELLS IN THIS FIELD?  IF "YES", LIST THE WELLS ON A SEPARATE ATTACHED SHEET.								
34. IS DEVELOPMENT DRILLING PLANNED BY YOUR COMPANY IN THIS FIELD DURING THE NEXT YEAR?								
35. IS THE WELL LOCATED OVER WATER?								
36. IS THE WELL LOCATED IN THE ATCHAFALAYA BASIN OR IN A WILDLIFE REFUGE?  IF "YES", WHERE IS THE WELL LOCATED?								
ALTERNATIVE METHODS								
37. ARE THERE WELLS ON THE LEASE THAT COULD BE CONVERTED TO SALTWATER DISPOSAL?  IF "YES", AT WHAT COST?								
38. WHAT WOULD BE THE COST OF DRILLING AN ON-SITE SALTWATER DISPOSAL WELL? (Attach AFE to substantiate cost								
39. COULD A CORPS OF ENGINEERS DREDGING PERMIT BE REQUIRED TO DRILL OR CONERT A WELL TO SALWATER DISPOSAL?								
40. ARE THERE ADJACENT SALTWATER DISPOSAL WELL OPERATORS WHO WOULD BE WILLING TO CONSIDER COMMUNITY SALTWATER DISPOSAL?								
41. COST OF OFF-SITE DISPOSAL: TRUCKING/SHIPPING COST PER MONTH:								
DISPOSAL COST PER MONTH:								
AUTHORIZED ACENT								
AUTHORIZED AGENT  42. AGENT OR CONTACT AUTHORIZED TO ACT FOR THE OPERATOR DURING PROCESSING OF THIS APPLICATION.								
THE SIGNATURE OF THE OPERATOR CERTIFYING THIS APPLICATION WILL AUTHORIZE THIS AGENT OR CONTACT TO SUBMIT ADDITIONAL INFORMATION AS REQUESTED AND TO GIVE ORAL STATEMENTS IN SUPPORT OF THIS APPLICATION DURING THE APPLICATION REVIEW PROCESS. ANY CORRESPONDENCE (INCLUDING NOTICES OF DEFICIENCIES) GENERATED DURING THE REVIEW PROCESS OF THIS APPLICATION WILL BE SENT TO WHOMEVER IS LISTED IN THIS BOX. THE FINAL WRITTEN DECISION ON THIS APPLICATION WILL BE SENT TO THE OPERATOR NOTED IN BOX 3 OF THIS FORM.								
NAME:								
COMPANY:								
MAILING ADDRESS:								
TELEPHONE (WITH AREA CODE):								
EMAIL:								
CERTIFICATION BY OPERATOR  The signature below must be obtained from a duly appointed employee of the operating company.								
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application 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 and imprisonment (La R.S. 30:17).								
43. NAME (PRINT)	44. TITLE (PRINT)							
45. SIGNATURE	46. DATE							