



OFFICE OF CONSERVATION

MAILING ADDRESS
 OFFICE OF CONSERVATION
 P.O. BOX 94275-CAPITOL STATION
 BATON ROUGE, LA 70804-9275

IMD-1 Request for Expedited Review				<i>(For Office Use Only)</i> DATE STAMP					
<input type="checkbox"/> UNDERGROUND INJECTION CONTROL PROGRAM <input type="checkbox"/> SURFACE MINING PROGRAM: PERMIT NO. _____									
OPERATOR NAME						OPERATOR CODE			
OPERATOR MAILING ADDRESS						CITY		STATE	ZIP CODE
CONTACT NAME			CONTACT TELEPHONE NUMBER			CONTACT EMAIL ADDRESS			
Well Data									
APPLICATION/PERMIT TYPE (CHECK THE APPROPRIATE BOX)									
<input type="checkbox"/> CLASS I		<input type="checkbox"/> CLASS II SWD			<input type="checkbox"/> CLASS II EOR		<input type="checkbox"/> CLASS II STORAGE		
<input type="checkbox"/> CLASS II SWD COM		<input type="checkbox"/> CLASS III			<input type="checkbox"/> CLASS V		<input type="checkbox"/> WORK PERMIT		
<input type="checkbox"/> OTHER _____									
WELL NAME AND NUMBER						SERIAL NUMBER			
APPLICATION/PERMIT NUMBER						CAVERN CODE			
FIELD NAME				FIELD NUMBER		SEC	TWN	RNG	
PARISH NAME				PARISH CODE					
Description of Expedited Review Request									
DATE PERMIT APPLICATION SUBMITTED TO IMD									
REQUESTED DATE FOR PERMIT ISSUANCE									
MAXIMUM AMOUNT APPLICANT IS WILLING TO PAY									
PRINT NAME					PRINT TITLE				
SIGNATURE					DATE				
OFFICE USE ONLY:									
ESTIMATED # HOURS TO COMPLETE REVIEW							COMMENTS:		
ESTIMATED COST									
ESTIMATED DATE OF COMPLETION									
SUFFICIENT WORK FORCE AVAILABLE?									
IF NOT, EXPECTED DATE PERSONNEL AVAILABLE FOR REVIEW									
DOES APPLICANT HAVE OUTSTANDING FEES OR PENALTIES?						YES		NO	