RESET FORM

One original and two (2) copies of this report must be filed with the Injection & Mining Division within twenty (20) days of the completion of work described on this form. Do not submit the Form UIC-WH1 until all work and tests have been performed on the well. Incomplete and unsigned forms will not be accepted.

FORM UIC-WH1
for INJECTION WELLS

WELL HISTORY & WORK RESUME REPORT

OFFICE OF CONSERVATION- 9th FL
INJECTION & MINING DIVISION
617 N. THIRD ST.
BATON ROUGE, LA 70802

SERIAL NUMBER | **APPLICATION/PERMIT NUMBER**

PERMITTED INJECTION ZONE (FT) *(FOR CAVERNS: TOP IS TOP OF SALT & BOTTOM IS ORIGINAL TD)*

TOP: BOTTOM:

PERFORATED/OPEN HOLE INTERVAL (FT) *(FOR CAVERNS: TOP OF CAVERN & BOTTOM OF CAVERN)*

TOP: BOTTOM:

FIELD | **FIELDCODE**

PARISH | **PARISH CODE**

SEC	**TWN**	**RNG**

GENERAL INFORMATION

WORK TYPE
(CHECK THE APPROPRIATE BOX)

- ☐ NEW DRILL WELL
- ☐ WELL CONVERSION
- ☐ REDRILL
- ☐ CHANGE OF ZONE
- ☐ SIDETRACK
- ☐ CAVERN MIT/SONAR
- ☐ TEMPORARILY ABANDON
- ☐ OTHER WORK PERMIT

WELL TYPE
(CHECK THE APPROPRIATE BOX)

- ☐ CLASS I NONHAZARDOUS
- ☐ CLASS I HAZARDOUS
- ☐ CLASS II EOR
- ☐ CLASS II SWD
- ☐ CLASS II SWD-COMMERCIAL
- ☐ CLASS II HYDROCARBON STORAGE
- ☐ CLASS III SOLUTION MINING
- ☐ OTHER: _____

WELL NAME | **WELL NUMBER**

OPERATOR | **OPERATOR CODE**

ADDRESS | **CITY** | **STATE** | **ZIP CODE**

SPUD DATE (MM/DD/YYYY)	**TOTAL DEPTH** (FT)	**PBTD** (FT) *(FOR CAVERNS: TD OF MOST RECENT SONAR)*

GROUND ELEVATION (FT)	**CASING HEAD FLANGE ELEVATION** (FT)	**DISTANCE FROM RKB TO CHF** (FT)

TUBING/HANGING STRINGS AND PACKER

Enter this information for each work permit regardless of whether or not it has changed. If this is left blank it means no tubing/hanging string(s) or packer is in the well. Report Datum as KB, CHF, GL, etc.

TUBING/HANGING STRING SIZE (OD-INCHES)	**TUBING/HANGING STRING DEPTH** (FEET)	DATUM	**PACKER DEPTH** (FEET)	DATUM

WELL COMPLETION INFORMATION

ONLY COMPLETE THIS SECTION IF:

1-THIS IS A NEW DRILL; 2-THE COMPLETION INFORMATION FOR THIS WELL HAS CHANGED; OR 3-A CORRECTION IS BEING SUBMITTED WITH SUPPORTING DOCUMENTATION SUCH AS DRILLING REPORTS OR CEMENTING RECORDS.

CASING AND LINER RECORD

Complete this section with casing information and with any relevant information documented in the Description of Work Section. Report Datum as KB, CHF, GL, etc.

CASING/LINER SIZE (OD-INCHES)	**HOLE SIZE** (INCHES)	**CASING/LINER WEIGHT** (LB/FT)	**CASING/LINER SETTING DEPTHS** TOP (FEET)	BOTTOM (FEET)	DATUM	**CASING TEST PRESSURE** (PSI)	**CASING TEST DURATION** (HOURS)	**CASING TEST DATE** (MM/DD/YYYY)	**NAME OF TEST WITNESS- STATE IF CONSERVATION AGENT OR OFFSET OPERATOR**

CASING AND LINER CEMENT RECORD

Complete this section with the cement information and with any relevant information documented in the Description of Work Section. If the cement information for the casing or liner is unknown, enter UNK in the Total Cement Used column; if the casing or liner was not cemented, enter 0 (zero) in the column.

CASING/LINER SIZE (OD-INCHES)	**HOLE SIZE** (INCHES)	**CASING/LINER SETTING DEPTHS** (FEET) TOP	BOTTOM	**TOTAL CEMENT USED** (SACKS)	**LEAD** AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)	**TAIL** AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)

PLUG BACK RECORD

Acceptable plug types are 100-foot cement plugs (CP), Cast Iron Bridge Plugs topped with at least 10 feet of cement (CIBP) or a Cement Retainer topped with at least 20 feet of cement (CR). Include the top of cement in the Upper Plug Depth. Convert Cubic Feet of Cement to Sacks of Cement. Use the shallowest Upper Plug depth in the PBTD field.

DATE WORK PERMORMED (MM/DD/YYYY)	**PLUG TYPE** (CP, CIBP, or CR)	**UPPER PLUG DEPTH** (FEET)	**LOWER PLUG DEPTH** (FEET)	**TOTAL CEMENT USED** (SACKS)	**CEMENT YIELD** (CU FT/SACK)	**TEST PRESSURE** (PSI)	**TEST DURATION** (HOURS)	**TEST DATE** (MM/DD/YYYY)

I, the undersigned, state: that I am employed by the company indicated below; that I am authorized to make this report; that this report was prepared under my supervision and direction; and that all facts stated herein are true, correct and complete to the best of my knowledge. I am aware there are significant penalties for submitting false information, including the possibility of a fine, imprisonment or both (LSA-R.S. 30:17).

PRINT NAME & TITLE _____ PRINT COMPANY NAME _____

SIGNATURE _____ DATE _____

EMAIL ADDRESS _____ TELEPHONE NUMBER _____

WELL LOGGING AND TESTING DATA

Complete this section with the testing and logging information associated with THIS application.

RESET THIS SECTION

WAS A MIPT PERFORMED?	WITNESSED BY A CONSERVATION AGENT?	TEST PRESSURE (PSI)	TEST DURATION (HRS)	TEST DATE
☐ YES ☐ NO	☐ YES ☐ NO			

MEASUREMENT OF THE BOTTOM HOLE PRESSURE OR THE STATIC FLUID LEVEL.	MEASURED BOTTOM HOLE PRESSURE AND DEPTH	DATE MEASURED	WITNESSED BY A CONSERVATION AGENT?
	PSI @ FT.		☐ YES ☐ NO
	STATIC FLUID LEVEL (FT.) / **DATE MEASURED** / **METHOD USED**		**WITNESSED BY A CONSERVATION AGENT?** ☐ YES ☐ NO

WAS WELL DIRECTIONALLY DRILLED?	WAS A DIRECTIONAL SURVEY MADE?	WERE 3 COPIES FILED WITH THE OFFICE OF CONSERVATION?	IF YES, DATE SUBMITTED
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	

TYPE OF ELECTRICAL OR OTHER LOGS RUN UNDER THIS APPLICATION ONLY (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.) **DATE SUBMITTED**

MIT AND SONAR DATA

Salt Cavern Wells ONLY

RESET THIS SECTION

WAS A MIT PERFORMED?	TEST DATE	DATE SUBMITTED	WAS A CASING INSPECTION PERFORMED?	DATE OF LOG	DATE SUBMITTED
☐ YES ☐ NO			☐ YES ☐ NO		

WAS SONAR PERFORMED?	WAS THE ROOF SURVEYED?	DATE OF THE SONAR	DATE SUBMITTED	CAVERN VOLUME (BBLS)	PER LATEST SONAR DATED
☐ YES ☐ NO	☐ YES ☐ NO				

TYPE OF ELECTRICAL OR OTHER LOGS RUN UNDER THIS APPLICATION ONLY (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.) **DATE SUBMITTED**

WORK RÉSUMÉ

List below all work performed (the drilling, completion, or any other work) under THIS Injection & Mining Division permit.

DATE WORK PERFORMED (MM/DD/YYYY)	SERVICE COMPANY	DESCRIPTION OF WORK

FORMATIONS

List below all-important Paleofaunal or Geological Formation tops, Cap Rock and Salt Overhang bottoms.

FORMATION	DEPTH	FORMATION	DEPTH