



OFFICE OF CONSERVATION

APPLICATION FOR SUBSURFACE DISPOSAL OF RESERVE PIT FLUIDS

(Waste Fluids Produced during Drilling or Workovers)

UIC-14

PHYSICAL ADDRESS
OFFICE OF CONSERVATION-9TH FLOOR, INJECTION & MINING DIVISION
617 N. THIRD STREET, BATON ROUGE, LA 70802

OPERATOR NAME					OPERATOR CODE							
MAILING ADDRESS					CITY, STATE, ZIP CODE							
CONTACT PERSON			TELEPHONE NO		E-MAIL ADDRESS							
WELL NAME					WELL NO		WELL SERIAL NO					
FIELD NAME		FIELD CODE	PARISH			PARISH CODE	SECTION	TOWNSHIP	RANGE			
LATITUDE (NAD 27)		LONGITUDE (NAD 27)		X COORDINATE (NAD 27)		Y COORDINATE (NAD 27)		LOUISIANA LAMBERT COORDINATES (NAD 27) NORTH ZONE SOUTH ZONE				
METHOD OF DISPOSAL (Check One): <input type="checkbox"/> SURFACE CASING ANNULUS <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PERFORATION <input type="checkbox"/> OTHER, EXPLAIN:												
DISPOSAL ZONE(S)			DEPTH TO BASE OF USDW (FT)		DISPOSAL FLUID DENSITY (PPG)			REQUESTED MAXIMUM INJECTION PRESSURE (PSI)				
ESTIMATED FLUID VOLUME TO BE DISPOSAL (BBLS)			SPECIFY TYPE FLUID FOR DISPOSAL					ESTIMATED TIME DURATION OF DISPOSAL (DAYS)				
CASING/LINER SIZE (OD-INCHES)	CASING/LINER WEIGHT (LB/FT)	HOLE SIZE (INCHES)	CASING/LINER SETTING DEPTHS		TOTAL CEMENT USED (SACKS)	LEAD			TAIL			CEMENT TOP (FEET)
			TOP (FEET)	BOTTOM (FEET)		AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)	AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)	

SURFACE CASING INTEGRITY PRESSURE TEST DATA: (For the first and second surface casing pressure tests: the casing test pressure must remain above 1,000 psi and may not lose more than 5% of beginning pressure over a minimum test duration of 30 minutes)

FIRST SURFACE CASING INTEGRITY PRESSURE TEST (BEFORE DRILLING OUT THE SURFACE CASING SHOE):

TEST START DATE (MM/DD/YY) & TIME (HH:MM) <input type="checkbox"/> AM <input type="checkbox"/> PM	START TEST PRESSURE	TEST START DATE (MM/DD/YY) & TIME (HH:MM) <input type="checkbox"/> AM <input type="checkbox"/> PM	END TEST PRESSURE
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FORMATION INTEGRITY TEST: surface casing shoe must be tested to an equivalent mud weight that comes within 15% of the formation fracture gradient, for a minimum of 30 minutes with less than 5% pressure loss

TEST START DATE (MM/DD/YY) & TIME (HH:MM) <input type="checkbox"/> AM <input type="checkbox"/> PM	START TEST PRESSURE	TEST START DATE (MM/DD/YY) & TIME (HH:MM) <input type="checkbox"/> AM <input type="checkbox"/> PM	END TEST PRESSURE
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SECOND SURFACE CASING INTEGRITY PRESSURE TEST (RE-TEST OF SURFACE CASING AFTER DRILLING BUT BEFORE SETTING NEXT CASING STRING):

TEST START DATE (MM/DD/YY) & TIME (HH:MM) <input type="checkbox"/> AM <input type="checkbox"/> PM	START TEST PRESSURE	TEST START DATE (MM/DD/YY) & TIME (HH:MM) <input type="checkbox"/> AM <input type="checkbox"/> PM	END TEST PRESSURE
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DOES THE DISPOSAL INTERVAL CONTAIN HYDROCARBON BEARING HORIZONS WITHIN A ONE-QUARTER (1/4) MILE RADIUS OF THE SUBJECT WELL? ☐ YES ☐ NO

DO ALL WELLS WITHIN A ONE-QUARTER (1/4) MILE RADIUS OF THE PROPOSED WELL HAVE CASING SET BELOW AND CEMENTED ACROSS THE BASE OF THE USDW?..... ☐ YES ☐ NO

IS THE PROPOSED WELL LOCATED ON INDIAN LANDS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE FEDERAL GOVERNMENT?..... ☐ YES ☐ NO

IS THE PROPOSED WELL LOCATED ON STATE WATERBOTTOMS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE STATE OF LOUISIANA? ☐ YES ☐ NO

I hereby certify this application has been prepared under my supervision, that all information contained herein is accurate and complete to the best of my knowledge, that I am authorized to make this application, and that injection of fluids will not begin without approval from the Injection and Mining Division of the Louisiana Office of Conservation.

PRINT NAME OF OFFICIAL	TITLE
SIGNATURE	DATE

FOR CONSERVATION USE ONLY			
AOR Review: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Production Review: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Well Has Integrity: <input type="checkbox"/> YES <input type="checkbox"/> NO	
USDW (FT) _____ @ SN _____	CASING DEPTH (FT) _____	CALC PRESS (PSI) _____	
OPERATOR NOTIFICATION - MAXIMUM AUTHORIZED SURFACE INJECTION PRESSURE (MASIP): _____			
APPLICATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPLICATION DENIED		BY _____ DATE _____	
REASON DENIED: _____			

INSTRUCTIONS

- I. **GENERAL:** The permittee must receive authorization from the Louisiana Office of Conservation, Injection & Mining Division before beginning fluid injection operations. The general provisions of Statewide Order No. 29-B, LAC 43:XIX.315 shall apply to the subsurface disposal (injection) of reserve pit fluids. Form UIC-14 must be completed in its entirety and submitted with all required attachments and application fee. Refer to LAC 43:XIX.Chapter 7 or call 225-342-5515 for the applicable filing (application) fee. An original and one copy of Form UIC-14 with all attachments shall be forwarded to:

LDNR – Office of Conservation- 9TH Floor
Injection & Mining Division
617 North Third Street
Baton Rouge, LA 70802

II. **SUBMIT THE FOLLOWING AS ATTACHMENTS TO FORM UIC-14:**

FRAC FLOWBACK WATER AND OIL-BASED FLUIDS OR CUTTINGS ARE NOT AUTHORIZED FOR ANNULAR DISPOSAL.

- A. **Certified well location plat with NAD 27 Louisiana Lambert X- & Y-coordinates for the surface hole location:** A photocopy of the plat submitted with the well's permit to drill is acceptable.
- B. **Schematic diagram of well:** Schematic must be properly labeled identifying: drilled hole diameters, depths and sizes all casing strings, disposal zone depths (and disposal perforations, if any), total well depth, depths of cemented tops of all casing strings, depth of occurrence of the lowermost underground source of drinking water (USDW).
- C. **Documentation of Surface Casing Integrity Pressure Tests:** Between the hours of 8:00AM and 4:30PM Monday through Friday and at least 48 hours in advance, contact the District Office so that an inspector may witness the required **Second Surface Casing Integrity Pressure Test**. If the inspector does not witness the required second test, a properly documented pressure chart recording must be provided or a radioactive tracer survey (RTS) must be conducted.
1. For the **First and Second Surface Casing Integrity Pressure Tests**, documentation may be submitted on *FORM CSG. T (AFFIDAVIT OF TEST OF CASING IN WELL* - OBTAINED FROM THE DISTRICT OFFICE) or properly documented pressure chart recordings. Pressure chart recordings must be fully legible, clearly labeled with the well name, well serial number, casing size, packer depth, test start time and stop time, dated, and signed. Illegible, mislabeled, or improper documents will not be accepted. For the affidavit or pressure chart to be acceptable, casing test pressure must remain above 1,000 psi and may not lose more than 5% of beginning pressure over minimum test duration of 30-minutes.
2. Test packer must be set within 50 feet of the casing shoe or immediately above float collar.
3. An inspector-witnessed **radioactive tracer survey (RTS) with a time-drive supplement** that proves well mechanical integrity must be performed in lieu of the second pressure test if well construction is such that a casing pressure test is not feasible. Guidelines are available.
- D. **Documentation of Formation Integrity Test:** Pressure chart recordings must be fully legible, clearly labeled with the well name, well serial number, casing size, density of fluid in the wellbore, test start time and stop time, dated, and signed. Illegible, mislabeled, or improper documents will not be accepted. For the Formation Integrity Test to be acceptable, the surface casing shoe must be tested to an Equivalent Mud Weight (EMW) that comes within 15% of the fracture gradient determined by the Eaton 9# curve, for a minimum of thirty (30) minutes with less than 5 percent pressure loss.
- E. **Morning reports:** Provide the following morning reports with the following items identified: first surface casing test, formation integrity test, second surface casing test, when the next string of casing was run.

III. **CRITERIA FOR APPROVAL (Except as provided in writing by the Injection & Mining Division):**

- A. Annulus or open hole disposal (surface, intermediate, or long-string casings):
1. The *disposal zone* is defined from the base of the injection casing to the top of cement of the next cemented casing or cement plug.
2. Surface casing is set at least 200 feet below the base of the lowermost USDW **and cement bond log indicates casing is cemented to surface**.
3. The injection casing must pass the second casing integrity pressure test (re-test of casing) or Radioactive Tracer Survey (RTS).
- i. Contact the District Office so that an inspector may witness the required second casing pressure test.
- ii. The maximum surface injection pressure assigned shall not exceed the second casing test pressure.
- B. Disposal through perforations (intermediate or long-string casings only):
1. Surface casing is set at least 200 feet below the base of the lowermost USDW and cemented to surface.
2. A cement bond log or cement evaluation log must show adequate cement isolation above the perforations.
3. The casing is pressure tested before perforating (or with a bridge plug if already perforated). A radioactive tracer survey with a time-drive supplement shall also be run. The time-drive supplement must be run at least at the requested maximum surface injection pressure.
- i. Contact the District Office so that an inspector may witness the required second test.
- ii. The maximum surface injection pressure assigned shall not exceed the test pressure.
- C. Area of Review: This section shall be applicable to Part III.A and Part III.B of these instructions.
1. All wells within a minimum one-quarter (1/4) mile radius of the proposed disposal well shall have casing set below and cemented across the base of the lowermost USDW.
2. Disposal of fluids into any potential hydrocarbon bearing or current hydrocarbon producing zone(s) within the proposed disposal zone is prohibited. The area of review for this criterion shall at a minimum be a one-quarter (1/4) mile radius around the proposed disposal well.

- IV. **DURATION OF PERMIT:** Approval of a Form UIC-14 shall be limited to the specific project for the well indicated. **An approved Form UIC-14 shall be valid for a period not to exceed six (6) calendar months from its approval date.** Any subsequent injection after the expiration date of a Form UIC-14 will require submission and review of a new Form UIC-14. Subsurface disposal of fluids beyond the expiration date without a new permit approval shall be a violation of the regulations and shall result in appropriate enforcement action.