



OFFICE OF CONSERVATION

FORMATION STORAGE WELL PERMIT APPLICATION

MAILING ADDRESS
 OFFICE OF CONSERVATION
 617 North Third Street
 Baton Rouge, LA 70802

UIC-2 FS

APPLICATION NO.
 (FOR OFFICE USE ONLY)

APPLICATION TYPE			WELL TYPE		
<input type="checkbox"/> NEW DRILL	<input type="checkbox"/> CONVERSION	<input type="checkbox"/> REPERMIT	<input type="checkbox"/> INJECTION / WITHDRAWAL	<input type="checkbox"/> OBSERVATION	<input type="checkbox"/> OTHER: _____

OPERATOR INFORMATION
The information in boxes 1-12 must match the Form MD-10-R-A-1 for conversion applications.

1. OPERATOR NAME			2. OPERATOR CODE		
3. OPERATOR MAILING ADDRESS		4. CITY	5. STATE	6. ZIP CODE	
7. TELEPHONE NUMBER	8. FAX NUMBER	9. EMAIL ADDRESS			
10. PROPOSED WELL NAME		11. PROPOSED WELL NUMBER		12. SERIAL NUMBER	

WELL LOCATION INFORMATION
The information in this Section must match the current Location Plat (Attachment 2) exactly, as applicable.

13. FIELD NAME			14. FIELD CODE		15. SEC	TWN	RNG
16. PARISH NAME				17. PARISH CODE			
18. LOCATION DESCRIPTION							
19. GEOGRAPHIC COORDINATE SYSTEM (NAD 27)				20. STATE PLANE COORDINATES (LAMBERT, NAD 27)			
LATITUDE		LONGITUDE		LAMBERT-X	LAMBERT-Y	<input type="checkbox"/> NORTH ZONE	
DEG	MIN	SEC	DEG	MIN	SEC	<input type="checkbox"/> SOUTH ZONE	
21. GEOGRAPHIC COORDINATE SYSTEM (NAD 83)				22. STATE PLANE COORDINATES (LAMBERT, NAD 83)			
LATITUDE		LONGITUDE		LAMBERT-X	LAMBERT-Y	<input type="checkbox"/> NORTH ZONE	
DEG	MIN	SEC	DEG	MIN	SEC	<input type="checkbox"/> SOUTH ZONE	

PROPOSED WELL CONSTRUCTION INFORMATION
The information in boxes 23-38 must match the information reported on Attachment 4C (Proposed Wellbore Schematic) and Attachment 4D (Work Prognosis).

23. CASING SIZE (INCHES)	24. HOLE SIZE (INCHES)	25. CASING WEIGHT (LBS/FT)	26. DEPTH SET		27. CEMENT VOLUME (SACKS)	28. CEMENT		29. CEMENT ISOLATION	
			TOP (FEET)	BOTTOM (FEET)		CLASS	YIELD (CU.FT/SACK)	DEPTH (FEET)	DETERMINATION METHOD <small>LOG TYPE & DATE OF LOG OR CALCULATED</small>
30. TUBING TYPE <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER (IDENTIFY): _____					31. TUBING SIZE (IN.)		32. TUBING DEPTH (FT.)		
33. PACKER <input type="checkbox"/> TENSION <input type="checkbox"/> COMPRESSION <input type="checkbox"/> PERMANENT <input type="checkbox"/> OTHER: _____								34. DEPTH SET (FT.)	
35. PLUGGED-BACK DEPTH (FT.)					36. TOTAL DEPTH OF WELL (FT.)				

PROPOSED STORAGE INTERVAL INFORMATION
The information in boxes 37 and 38 should come from the electric log of the well to be permitted or the closest offset well that was logged across the proposed storage zone that has been correlated back to the type log from the Order. Box 37 should indicate the entire storage zone. Box 38 should indicate the actual storage interval. If the top and bottom of the zone or interval are not shown on the same log, two different logs can be used. Copies of the log(s) must be attached and labeled as Attachment 5B.

37. STORAGE / INJECTION ZONE (FT) TOP BOTTOM		38. STORAGE INTERVAL - LITHOLOGIC UNIT (FT) TOP BOTTOM		39. PERFORATED/OPEN-HOLE INTERVAL WITHIN ZONE (FT) TOP BOTTOM	
40. STORAGE FORMATION NAME			41. INJECTION/OBSERVATION THROUGH: <input type="checkbox"/> PERFORATIONS <input type="checkbox"/> SCREEN <input type="checkbox"/> OPEN-HOLE		

OFFICE OF CONSERVATION ORDERS

42. LIST ALL CONSERVATION ORDERS RELATED TO THIS STORAGE PROJECT:

OTHER INFORMATION

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| 43. IS THE PROPOSED WELL LOCATED IN THE COASTAL ZONE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 44. IS THE PROPOSED WELL LOCATED ON INDIAN LANDS OR OTHER LANDS OWNED BY, UNDER THE JURISDICTION OF, OR UNDER THE PROTECTION OF THE FEDERAL GOVERNMENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 45. IS THE PROPOSED WELL LOCATED ON STATE WATER BOTTOMS OR OTHER LANDS OWNED BY OR UNDER JURISDICTION OF THE STATE? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PLEASE CHECK EACH BOX THAT CORRESPONDS TO ALL APPLICABLE ATTACHMENTS INCLUDED WITH THIS APPLICATION

- | | |
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| <input type="checkbox"/> <u>ATTACHMENT 1</u> – OFFICE OF CONSERVATION ORDER(S) FOR STORAGE PROJECT

<input type="checkbox"/> <u>ATTACHMENT 2</u> – LOCATION PLAT

<input type="checkbox"/> <u>ATTACHMENT 3</u> – WELL HISTORY & WORK RESUME REPORT(S) (FOR CONVERSIONS ONLY)

<u>ATTACHMENT 4</u> – WELLHEAD DIAGRAM, WELL SCHEMATIC(S) AND WORK PROGNOSIS
<input type="checkbox"/> 4A - CURRENT WELLBORE SCHEMATIC
<input type="checkbox"/> 4B - PROPOSED WELLHEAD DIAGRAM
<input type="checkbox"/> 4C - PROPOSED WELLBORE SCHEMATIC
<input type="checkbox"/> 4D - WORK PROGNOSIS | <u>ATTACHMENT 5</u> – LOGS
<input type="checkbox"/> 5A – ELECTRIC LOG FOR THE BASE OF THE USDW
<input type="checkbox"/> 5B – LOG(S) OF THE STORAGE ZONE
<input type="checkbox"/> 5C – CEMENT BOND LOG(S)

<input type="checkbox"/> <u>ATTACHMENT 6</u> – FACILITY DIAGRAM

<input type="checkbox"/> <u>ATTACHMENT 7</u> – FORM MD-10-R-A-1 (FOR CONVERSIONS ONLY)

<input type="checkbox"/> <u>DUPLICATE COPY OF THE APPLICATION</u> |
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AUTHORIZED AGENT

46. 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 1 OF THIS FORM.

NAME:	
COMPANY:	
ADDRESS:	
PHONE:	
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 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 (LSA-RS 30:17).

47. NAME (PRINT)	48. TITLE (PRINT)
49. SIGNATURE	50. DATE