



# OFFICE OF CONSERVATION

## Community Saltwater Injection System Application

**MAILING ADDRESS**  
 OFFICE OF CONSERVATION – 9<sup>TH</sup> FL  
 INJECTION AND MINING DIVISION  
 617 NORTH THIRD STREET  
 BATON ROUGE, LA 70802

**UIC-13**

PLEASE READ APPLICATION PROCEDURES (PAGE 2)

TYPE ONLY

OPERATOR INFORMATION						
1. OPERATOR NAME: ADDRESS: CITY, STATE, ZIP: _____, EMAIL: _____				2. OPERATOR CODE: _____		
				3. CONTACT NAME: _____		CONTACT PHONE: _____
WELL INFORMATION						
4. WELL TYPE: <input type="checkbox"/> CLASS II SWD <input type="checkbox"/> CLASS II EOR				5. SERIAL NO. _____		
6. WELL NAME AND NUMBER OF THE INJECTION WELL: <div style="text-align: right; margin-right: 100px;">WELL NO. _____</div>						
7. FIELD: _____	8. PARISH: _____	9. SEC. _____	TWP. _____	RNG. _____		
FLUID SOURCE LIST						
<i>Provide the following information for each producing well that will be utilizing the above-listed community injection well and system. Check if continued on back: <input type="checkbox"/></i>						
10. OPERATOR	WELL NAME & NO.	SERIAL NO.	BBL SW/ MO.	TRANSPORTATION BY		
				TRUCK	PIPELINE	OTHER
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFICATION BY OPERATOR						
I, the undersigned, state: that I am employed by the company indicated above; that I am authorized to make this report; that this report was prepared under my supervision and direction; that all information stated herein are true, correct and complete to the best of my knowledge; and that the community well and system identified above is a non-commercial operation. 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).						
11. NAME (PRINT): _____				12. PHONE: _____		
13. SIGNATURE: _____				14. DATE: _____		

# INSTRUCTIONS

1. Form UIC-13 must be completed and submitted to the Injection and Mining Division (IMD) for review and approval before a well may be utilized as a Community Saltwater Injection Well.
  
2. For each producing well identified in the Fluid Source List, indicate which method of transportation is used to transport the produced saltwater to the community well.
  
3. Sign and date the certification at the bottom of the form prior to mailing to the following address:
 

Office of Conservation – 9<sup>th</sup> FL  
 Injection and Mining Division  
 617 North Third Street  
 Baton Rouge, LA 70802
  
4. Attach a copy of each operating agreement for each operator wishing to utilize the community saltwater injection well and system. Each agreement must be signed by both parties. EOR and [SWD](#) Community Agreement templates can be found at the [Injection & Mining Forms](#) page.
  
5. Once the signed application is received, IMD will invoice the operator via email for the non-refundable application fee per LAC 43:XIX.Chapter 7. The invoice must be paid in full prior to community status being granted.

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(Continued from front)

OPERATOR	WELL NAME & NO.	SERIAL NO.	BBL SW/ MO.	TRANSPORTATION BY		
				TRUCK	PIPELINE	OTHER
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>