UIC APPLICATIONS:

UIC-14s, UIC-17s, UIC-P&As, UIC-32s, and UIC-WH1s

Presented by

Kay Smothers and Greg France

Injection and Mining Division

Form UIC-14:
Application for Subsurface Disposal of Reserve Pit Fluids

- Intended for the purpose of subsurface injection of drilling and workover waste fluids (including reserve pit fluids) that were generated in the drilling, stimulation, or workover of the specific well for which authorization is requested

Form UIC-14 Application

APPLICATION FOR SUBSURFACE DISPOSAL OF RESERVE PIT FLUIDS

(Waste Fluids Produced During Drilling or Workovers)

MAILING ADDRESS:
OFFICE OF CONSERVATION
INJECTION & MINING DIVISION
P.O. BOX 94275-CAPITOL STATION
BATON ROUGE, LA 70804-9275

PHYSICAL ADDRESS:
OFFICE OF CONSERVATION
INJECTION & MINING DIVISION
617 N. THIRD ST., SUITE 817
BATON ROUGE, LA 70802

UIC-14 **PLEASE READ APPLICATION PROCEDURES** **TYPE ONLY**

OPERATOR NAME: (CODE:)	CONTACT:	EMAIL:
MAILING ADDRESS:		PHONE NO:
CITY, STATE, ZIP CODE:		FAX NO:
WELL NAME: WELL NO.		WELL SERIAL NO:

PARISH: (CODE:)			FIELD NAME: (CODE:)	LOUISIANA LAMBERT COORDINATES: ☐ NORTH ZONE ☐ SOUTH ZONE *(Check One Coordinate Zone)*
SEC:	TWN:	RNG:	LATITUDE: LONGITUDE:	X: Y:

METHOD OF DISPOSAL *(Check One)*: ☐ SURFACE CASING ANNULUS ☐ OPEN HOLE ☐ PERFORATION ☐ OTHER, EXPLAIN:

DISPOSAL ZONE(S):	REQUESTED MAXIMUM INJECTION PRESSURE (PSI):	
ESTIMATED FLUID VOLUME TO BE DISPOSED (BARRELS):	ESTIMATED TIME DURATION OF DISPOSAL (DAYS):	DISPOSAL FLUID DENSITY (PPG):
DEPTH TO BASE OF USDW (FEET):	SPECIFY TYPE FLUID FOR DISPOSAL *(Oil-based fluids or cuttings are NOT AUTHORIZED!)*:	

CASING SIZE	CASING WEIGHT	HOLE SIZE	CASING/LINER DEPTH		SACKS CEMENT		CEMENT YIELD (FT³/SACK)		TOTAL SACKS OF CEMENT	CEMENT TOP
			TOP	BOTTOM	LEAD	TAIL	LEAD	TAIL		

SURFACE CASING INTEGRITY PRESSURE TEST DATA: *(Casing test must be conducted at a minimum pressure of 1000 PSI and may not lose more than 5% for a test duration of 30-minutes)*

INITIAL CASING INTEGRITY TEST

TEST START DATE & TIME:	START TEST PRESSURE:	TEST END DATE & TIME:	END TEST PRESSURE:

SECOND CASING INTEGRITY TEST

TEST START DATE & TIME:	START TEST PRESSURE:	TEST END DATE & TIME:	END TEST PRESSURE:

DOES THE DISPOSAL INTERVAL CONTAIN HYDROCARBON BEARING HORIZONS WITHIN A ONE-QUARTER (¼) MILE RADIUS OF THE SUBJECT WELL? ☐ YES ☐ NO

DO ALL WELLS WITHIN A ONE-QUARTER (¼) 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 COMPANY OFFICIAL *TITLE*

_____

SIGNATURE *DATE*

FOR CONSERVATION USE ONLY

USDW _____FT @ SN _____

OPERATOR NOTIFICATION - MAXIMUM AUTHORIZED SURFACE INJECTION PRESSURE (MASIP): _____PSI

APPLICATION APPROVED ☐ | APPLICATION DENIED ☐ : By _____ Date _____

REASON DENIED: _____

AOR Review: PASS ☐ FAIL ☐

Production Review: PASS ☐ FAIL ☐

Well Has Integrity: YES ☐ NO ☐

Spud Date _____

TD Date _____

Packer Depth _____FT

Casing Depth_____FT

Well Information

The information in this section must match the information on Sonris and the Location Plat exactly. The data entered for the coordinates **must** be the NAD-27 Louisiana Lambert X- & Y- coordinates for the surface hole location.

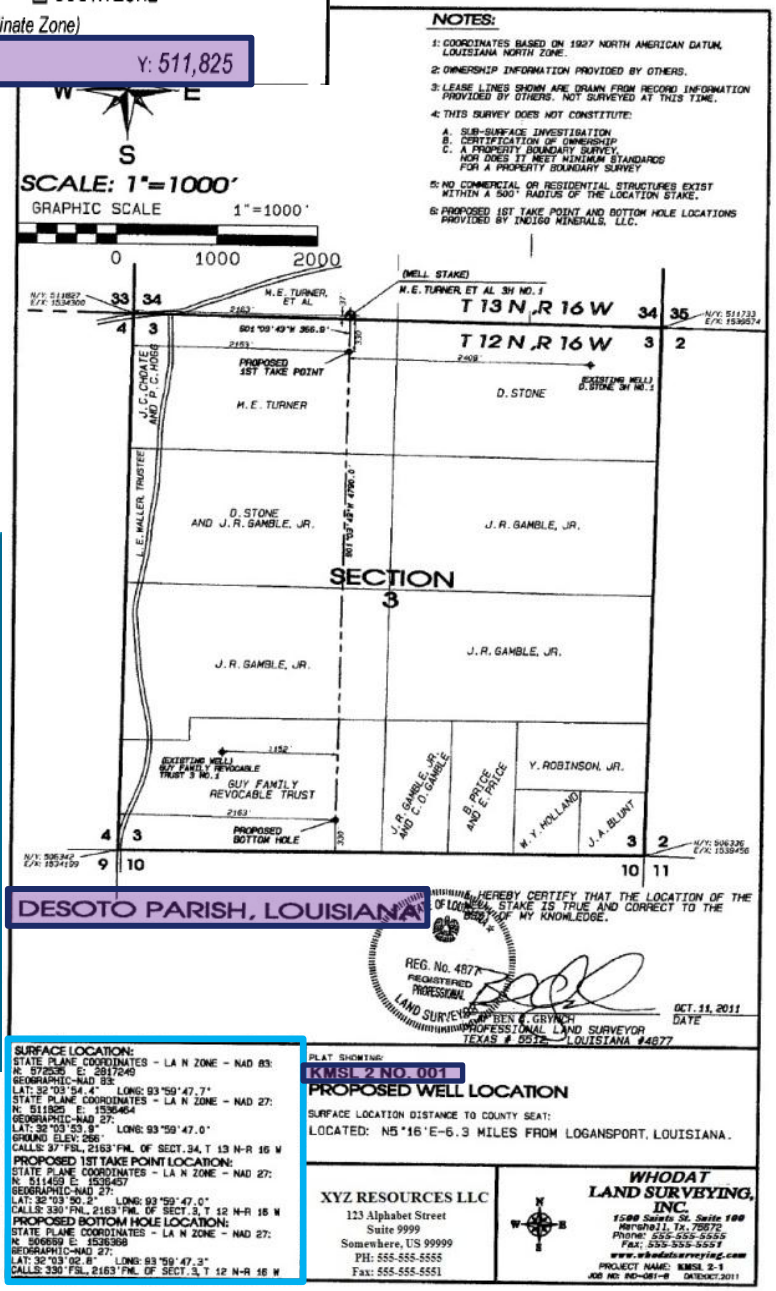
WELL NAME:			WELL NO.		WELL SERIAL NO:
PARISH: (CODE:)			FIELD NAME: (CODE:)		LOUISIANA LAMBERT COORDINATES: ☐ NORTH ZONE ☐ SOUTH ZONE *(Check One Coordinate Zone)*
SEC:	TWN:	RNG:	LATITUDE:	LONGITUDE:	X: Y:

WELL NAME: KMSL 2 WELL NO. 001			WELL SERIAL NO: 99999
PARISH: DeSoto (CODE: 16)		FIELD NAME: Logansport (CODE: 6156)	LOUISIANA LAMBERT COORDINATES: ☒ NORTH ZONE ☐ SOUTH ZONE (Check One Coordinate Zone)
SEC: 034	TWN: 13N RNG: 16W	LATITUDE: 32 03 53.9 LONGITUDE: 93 59 47.0	X: 1,536,464 Y: 511,825

SURFACE LOCATION:
STATE PLANE COORDINATES - LA N ZONE - NAD 83:
N: 572535 E: 2817249
GEOGRAPHIC-NAD 83:
LAT: 32°03'54.4" LONG: 93°59'47.7"
STATE PLANE COORDINATES - LA N ZONE - NAD 27:
N: 511825 E: 1536464
GEOGRAPHIC-NAD 27:
LAT: 32°03'53.9" LONG: 93°59'47.0"
GROUND ELEV: 266'
CALLS: 37' FSL, 2163' FWL OF SECT. 34, T 13 N-R 16 W

PROPOSED 1ST TAKE POINT LOCATION:
STATE PLANE COORDINATES - LA N ZONE - NAD 27:
N: 511459 E: 1536457
GEOGRAPHIC-NAD 27:
LAT: 32°03'50.2" LONG: 93°59'47.0"
CALLS: 330' FNL, 2163' FWL OF SECT. 3, T 12 N-R 16 W

PROPOSED BOTTOM HOLE LOCATION:
STATE PLANE COORDINATES - LA N ZONE - NAD 27:
N: 506669 E: 1536368
GEOGRAPHIC-NAD 27:
LAT: 32°03'02.8" LONG: 93°59'47.3"
CALLS: 330' FSL, 2163' FWL OF SECT. 3, T 12 N-R 16 W



I, BEN E. GRYNCH, HEREBY CERTIFY THAT THE LOCATION OF THE PROPOSED WELL STAKE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

REG. No. 4877 REGISTERED PROFESSIONAL LAND SURVEYOR

OCT. 11, 2011
DATE

BEN E. GRYNCH
PROFESSIONAL LAND SURVEYOR
TEXAS # 6572 LOUISIANA #4877

PLAT SHOWING:
KMSL 2 NO. 001
PROPOSED WELL LOCATION
SURFACE LOCATION DISTANCE TO COUNTY SEAT:
LOCATED: N5°16'E-6.3 MILES FROM LOGANSPORT, LOUISIANA.

XYZ RESOURCES LLC
123 Alphabet Street
Suite 9999
Somewhere, US 99999
PH: 555-555-5555
Fax: 555-555-5551

WHODAT LAND SURVEYING, INC.
1500 Saints St. Suite 100
Marshall, Tx. 75672
Phone: 555-555-5555
Fax: 555-555-5551
www.whodatsurveying.com

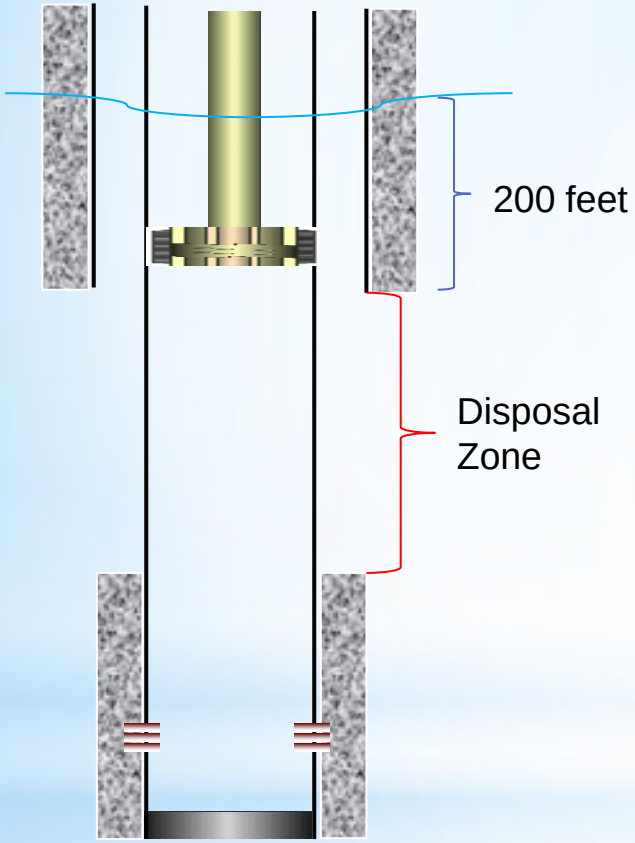
PROJECT NAME: KMSL 2-1
JOB NO: IND-001-B DATE: OCT. 2011

Disposal Information

METHOD OF DISPOSAL *(Check One)*: ☐ SURFACE CASING ANNULUS ☐ OPEN HOLE ☐ PERFORATION ☐ OTHER, EXPLAIN:		
DISPOSAL ZONE(S):	REQUESTED MAXIMUM INJECTION PRESSURE (PSI):	
ESTIMATED FLUID VOLUME TO BE DISPOSED (BARRELS):	ESTIMATED TIME DURATION OF DISPOSAL (DAYS):	DISPOSAL FLUID DENSITY (PPG):
DEPTH TO BASE OF USDW (FEET):	SPECIFY TYPE FLUID FOR DISPOSAL *(Oil-based fluids or cuttings are NOT AUTHORIZED!)*:	

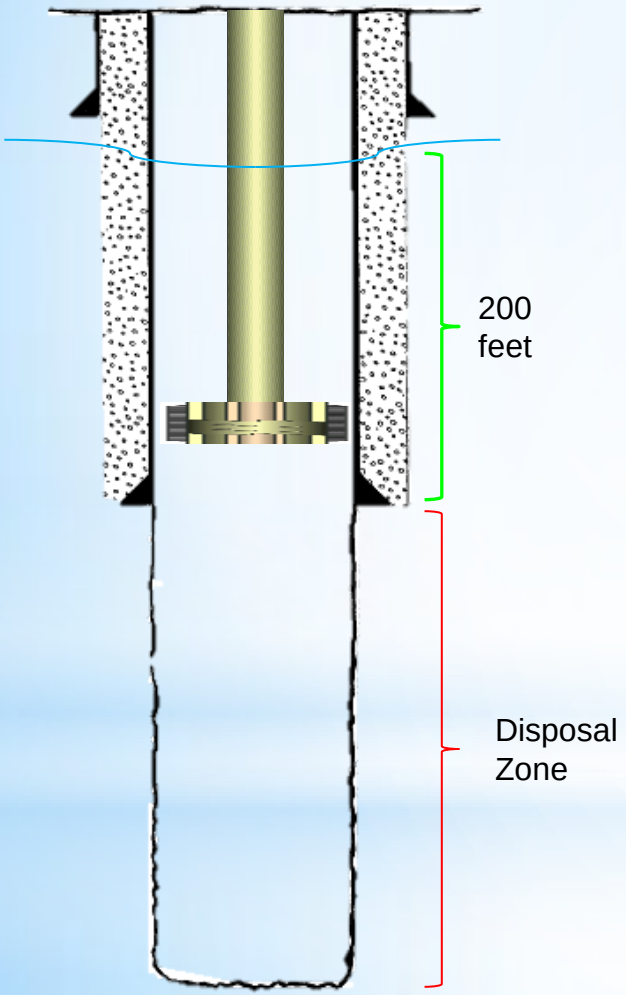
Note: Injection of drilling and workover waste fluids (including reserve pit fluids) shall be limited to injection of only those fluids generated in the drilling, stimulation or workover of the specific well for which authorization is requested as per LAC 43:XIX.315.A.3

Disposal Method: Surface Casing Annulus



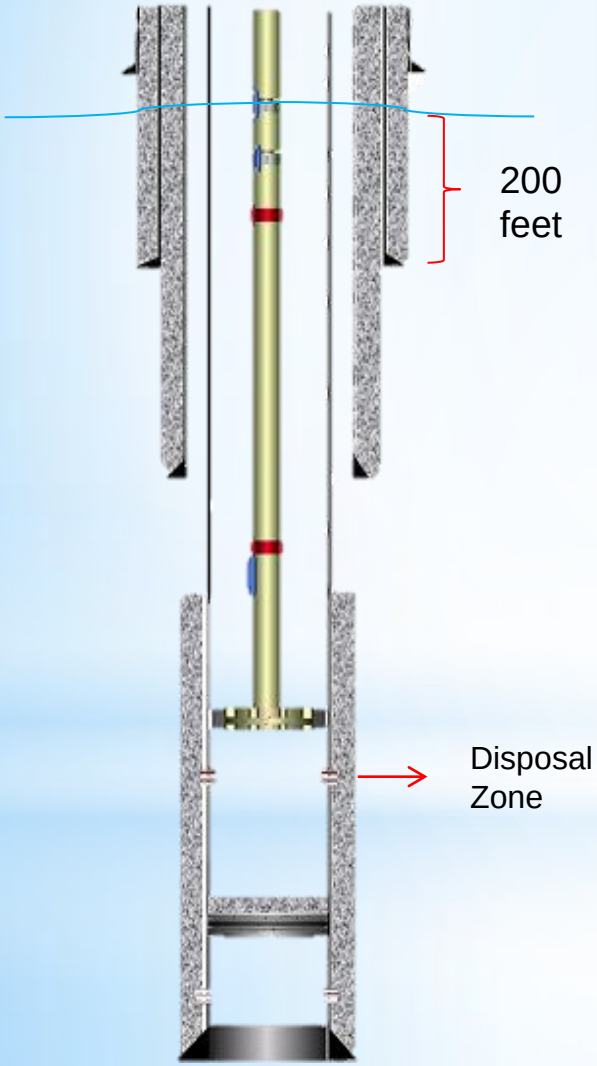
- Disposal Zone
  - The interval from the base of the injection casing to the top of cement of the next cemented casing
- Criteria for Approval
  - Surface casing must be set at least 200 feet below the base of the USDW and cemented to surface
  - Surface casing must pass the second casing integrity pressure test or Radioactive Tracer Survey (RTS)
  - Injection must be within intervals that do not contain hydrocarbon bearing horizons
  - May only dispose of water-based fluids

Disposal Method: Open-Hole



- **Disposal Zone**
  - Interval from the base of the injection casing to the Total Depth
- **Criteria for Approval**
  - Surface casing must be set at least 200 feet below the base of the USDW and cemented to surface
  - Surface casing must pass the second casing integrity pressure test or Radioactive Tracer Survey (RTS)
  - Injection must be within intervals that do not contain hydrocarbon bearing horizons
  - May only dispose of water-based fluids

Disposal Method: Perforations



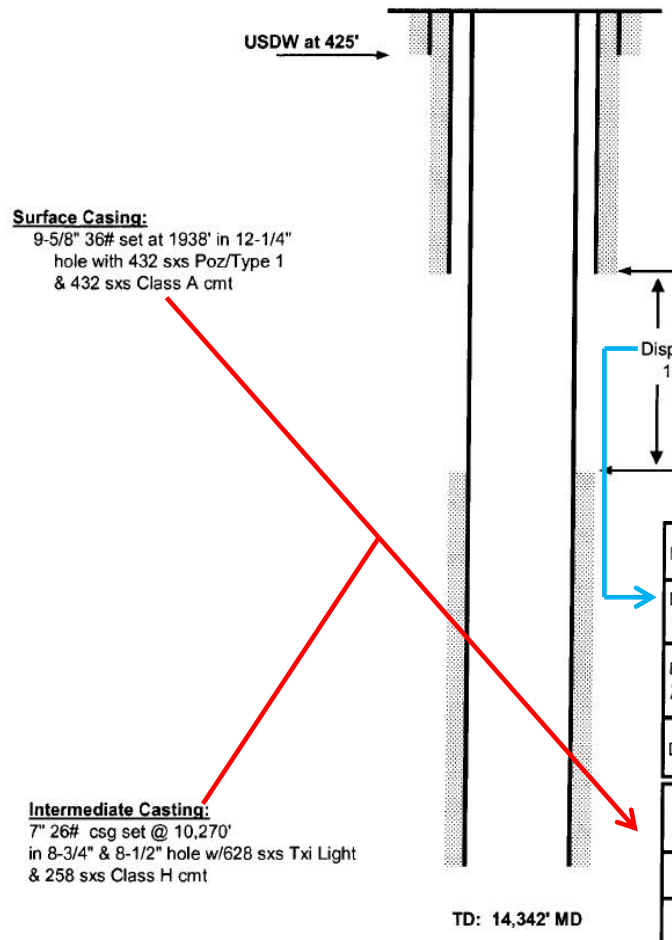
- **Disposal zone**
  - Interval from the uppermost injection perforation to the lowermost injection perforation
- **Criteria for Approval**
  - Surface casing must be set at least 200 feet below the base of the USDW and cemented to surface
  - A cement bond log (CBL) must be submitted showing adequate cement isolation above the perforations
  - The casing must be pressure tested prior to perforating (or with a bridge plug if already perforated)
  - A radioactive tracer survey (RTS) may be required if IMD deems it necessary
  - May only dispose of water-based fluids

Well Construction Information

- The information in this section must reflect the well completion information and must match the Schematic diagram of the well

CASING SIZE	CASING WEIGHT	HOLE SIZE	CASING/LINER DEPTH		SACKS CEMENT		CEMENT YIELD (FT^3/SACK)		TOTAL SACKS OF CEMENT	CEMENT TOP
			TOP	BOTTOM	LEAD	TAIL	LEAD	TAIL		

XYZ RESOURCES LLC
KMSL 2 NO. 001
Serial No. 99999
Logansport Field
DeSoto Parish, LA
Sec 034, Twp 13N, Rge 16W



METHOD OF DISPOSAL *(Check One)*: ☒ SURFACE CASING ANNULUS ☐ OPEN HOLE ☐ PERFORATION ☐ OTHER, EXPLAIN:

DISPOSAL ZONE(S):	REQUESTED MAXIMUM INJECTION PRESSURE (PSI):
1938' - 6000' (est)	*1200*

ESTIMATED FLUID VOLUME TO BE DISPOSED (BARRELS):	ESTIMATED TIME DURATION OF DISPOSAL (DAYS):	DISPOSAL FLUID DENSITY (PPG):
20,000	*6-8 days*	*9.0*

DEPTH TO BASE OF USDW (FEET): *425*	SPECIFY TYPE FLUID FOR DISPOSAL *(Oil-based fluids or cuttings are NOT AUTHORIZED!)*: *water based mud, cuttings, sand, rainwater, fresh water*

CASING SIZE	CASING WEIGHT	HOLE SIZE	CASING/LINER DEPTH		SACKS CEMENT		CEMENT YIELD (FT³/SACK)		TOTAL SACKS OF CEMENT	CEMENT TOP
			TOP	BOTTOM	LEAD	TAIL	LEAD	TAIL		
9-5/8"	*36#*	*12-1/4"*	*0*	*1938'*	*432*	*432*	*1.99*	*1.18*	*864*	*surface*
7"	*26#*	*8-3/4" & 8-1/2"*	*0*	*10,270'*	*628*	*258*	*1.77*	*1.45*	*886*	*6000' (est)*
4-1/2"	*13.5#*	*6-1/8"*	*0*	*14,335'*	*N/A*					

Surface Casing Integrity Pressure Test Data

- The information in this section must match the information provided on Form-CSG T or properly documented pressure chart recordings (if applicable) for both the first and second casing pressure tests.

SURFACE CASING INTEGRITY PRESSURE TEST DATA: *(Casing test must be conducted at a minimum pressure of 1000 PSI and may not lose more than 5% for a test duration of 30-minutes)*

INITIAL CASING INTEGRITY TEST

TEST START DATE & TIME:	START TEST PRESSURE:	TEST END DATE & TIME:	END TEST PRESSURE:

SECOND CASING INTEGRITY TEST

TEST START DATE & TIME:	START TEST PRESSURE:	TEST END DATE & TIME:	END TEST PRESSURE:

This is an example of a Form-CSG T submitted for the second casing test. If the pressure test was witnessed by a Conservation Enforcement Field Inspector then his signature will be in the witness field.

AFFIDAVIT OF TEST OF CASING IN WELL
STATE OF LOUISIANA
OFFICE OF CONSERVATION

FORM - CSG T

DATE WORK DONE: 2/2/2009	DISTRICT OFFICE: SHREVEPORT
OPERATOR'S NAME AND ADDRESS: XYZ RESOURCES LLC 123 ALPHABET ST. SOMEWHERE, US 00000	OPERATOR CODE: X007
	PHONE: 555-555-5555

WELL INFORMATION

WELL NAME AND NO: KM SL 2 #1		SERIAL NO: 99999		
FIELD: WOODARDVILLE	PARISH: BIENVILLE	SEC. 16	TWP. 15N	RNG. 9W

WELL CONSTRUCTION INFORMATION

CASING SIZE	HOLE SIZE	CASING WEIGHT	MAKE	NUMBER OF THREADS/ INCH	GRADE	SEAMLESS	NEW OR 2ND HAND PIPE
9 5/8	12 1/4	36	LONE STAR	8RD	K-55	YES	NEW

* IF SECOND HAND, WAS PIPE TESTED: ☐ YES ☐ NO — DESCRIBE:

DEPTH CASING SHOE LANDED BELOW DERRICK FLOOR: 1852 FT.	NO. OF SACKS OF CEMENT: 680
SIZE OF HOLE: 12 1/4	AMOUNT OF CEMENT LEFT IN PIPE: 38 FT
METHOD OF CEMENTING: CIRCULATED — CEMENT SET IN: 4 HOURS	UNDER: HYD PSIG
TOTAL DEPTH OF: 1852	TOTAL TIME SET: 23.5 HOURS

DETAIL OF PRESSURE TEST BEFORE DRILLING PLUG

DATE OF TEST: 2/2/2009	GAUGE PRESSURE OF CASING: 1100 PSIG
PRESSURE AT END OF 30 MINUTES: 1100 PSIG	PRESSURE DROP: 0 PSIG

TEST FLUID: ☐ WATER ☒ MUD WEIGHT: VISCOSITY: 51

REMARKS: RE-TEST OF 9 5/8" SURFACE

CERTIFICATION BY OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND THAT, BASED ON MY 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 (L.R.S. 30:17).

WITNESS: Charles Posey	OPERATOR REP: Donald Duck
SIGNATURE: Charles Posey CES-3	SIGNATURE: Donald Duck

SURFACE CASING INTEGRITY PRESSURE TEST DATA: *(Casing test must be conducted at a minimum pressure of 1000 PSI and may not lose more than 5% for a test duration of 30-minutes)*

INITIAL CASING INTEGRITY TEST

TEST START DATE & TIME:	START TEST PRESSURE:	TEST END DATE & TIME:	END TEST PRESSURE:
1/20/09 12:00 PM	1250	1/20/09 12:30 PM	1250

SECOND CASING INTEGRITY TEST

TEST START DATE & TIME:	START TEST PRESSURE:	TEST END DATE & TIME:	END TEST PRESSURE:
2/2/09 1:30 PM	1100	2/2/09 2:00 PM	1100 ✓

DOES THE DISPOSAL INTERVAL CONTAIN HYDROCARBON BEARING HORIZONS WITHIN A ONE-QUARTER (¼) MILE RADIUS OF THE SUBJECT WELL? ☐ YES ☐ NO

DO ALL WELLS WITHIN A ONE-QUARTER (¼) 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 COMPANY OFFICIAL *TITLE*

SIGNATURE *DATE*

In order for the application to be considered complete, these questions must be answered and the form must be signed and dated.

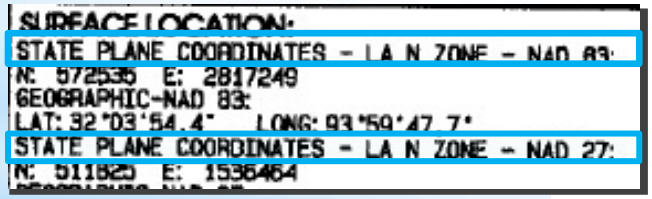
*Attachments

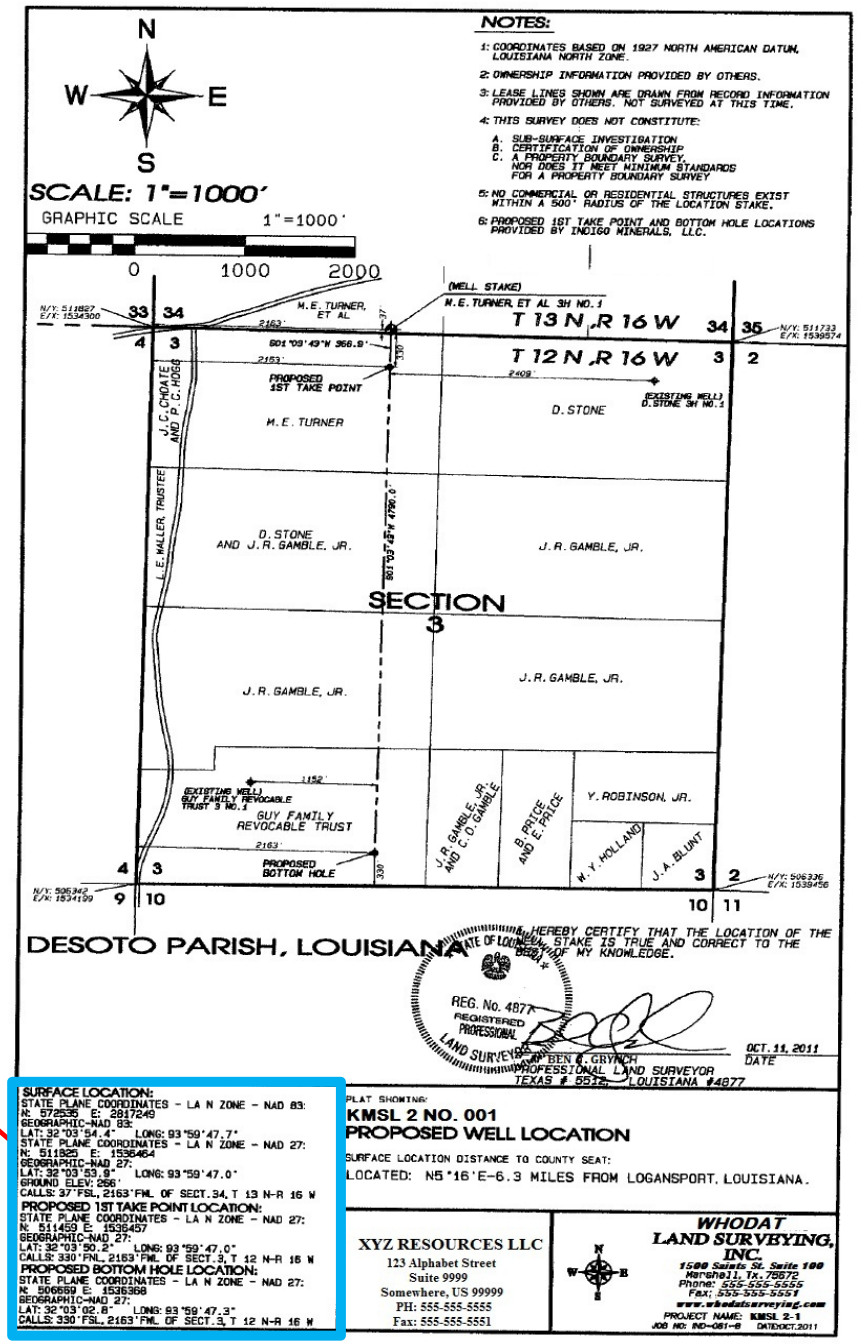
Application Fee

* As per LAC 43:XIX.Chapter 7, a non-refundable fee of $252 must be submitted before the application is processed.
  * A check may be mailed to: Office of Conservation
    Injection and Mining Division
    P.O. Box 94275-Capitol Station
    Baton Rouge, LA 70804-9275
  * An online payment may be submitted after an invoice is created upon the operator's request or due to failure to submit payment with the application.

Certified Well Location Plat

The well location plat must specify the X- & Y- coordinates for the surface hole location based on the Louisiana State Plane coordinate system, NAD 1927 and 1983.

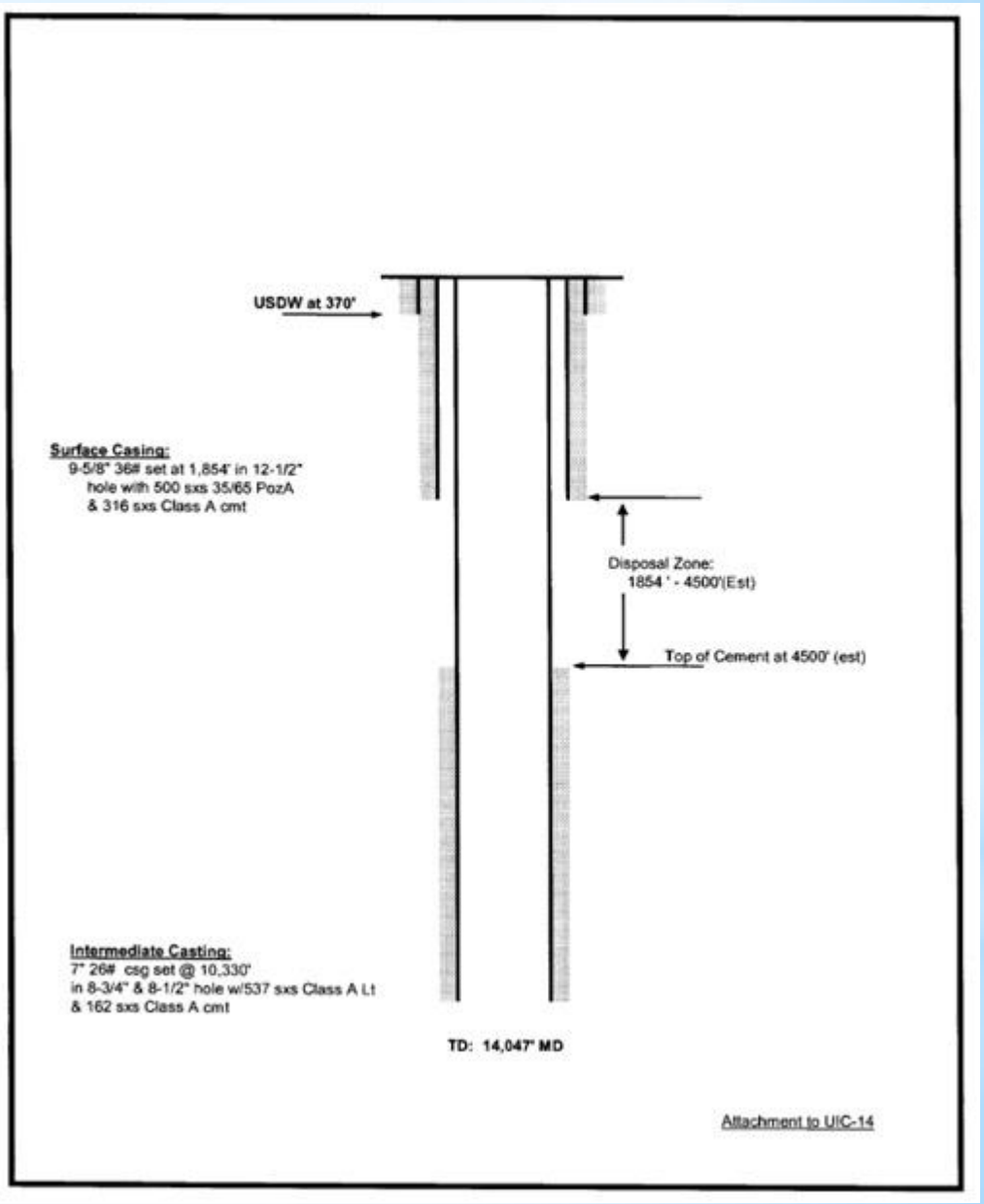




Schematic diagram

All diagrams must include:

- Drilled hole diameters, depths, and sizes of all casing strings
- Depth of disposal zone
- Total well depth
- Depth of cemented tops of all casing strings
- Depth of the lowermost underground source of drinking water (USDW)



Documentation of First and Second Casing Integrity Tests

AFFIDAVIT OF TEST OF CASING IN WELL
STATE OF LOUISIANA
OFFICE OF CONSERVATION

FORM - CSG T

DATE WORK DONE: 2/2/2009	DISTRICT OFFICE: SHREVEPORT
OPERATOR'S NAME AND ADDRESS: XYZ RESOURCES LLC 123 ALPHABET ST. SOMEWHERE, US 00000	OPERATOR CODE: X007
	PHONE: 555-555-5555

WELL INFORMATION

WELL NAME AND NO: KM SL 2 #1		SERIAL NO: 99999		
FIELD: WOODARDVILLE	PARISH: BIENVILLE	SEC: 16	TWP: 15N	RNG: 9W

WELL CONSTRUCTION INFORMATION

CASING SIZE	HOLE SIZE	CASING WEIGHT	MAKE	NUMBER OF THREADS/ INCH	GRADE	SEAMLESS	NEW OR 2ND HAND PIPE
9 5/8	12 1/4	36	LONE STAR	8RD	K-55	YES	NEW

* IF SECOND HAND, WAS PIPE TESTED: ☐ YES ☐ NO — DESCRIBE:

DEPTH CASING SHOE LANDED BELOW DERRICK FLOOR: 1852 FT.	NO. OF SACKS OF CEMENT: 680
SIZE OF HOLE: 12 1/4	AMOUNT OF CEMENT LEFT IN PIPE: 38 FT
METHOD OF CEMENTING: CIRCULATED — CEMENT SET IN: 4 HOURS — UNDER: HYD PSIG	
TOTAL DEPTH OF: 1852	TOTAL TIME SET: 23.5 HOURS

DETAIL OF PRESSURE TEST BEFORE DRILLING PLUG

DATE OF TEST: 2/2/2009	GAUGE PRESSURE OF CASING: 1100 PSIG
PRESSURE AT END OF 30 MINUTES: 1100 PSIG	PRESSURE DROP: 0 PSIG

TEST FLUID: ☐ WATER ☒ MUD WEIGHT: VISCOSITY: 51

REMARKS: RE-TEST OF 9 5/8" SURFACE

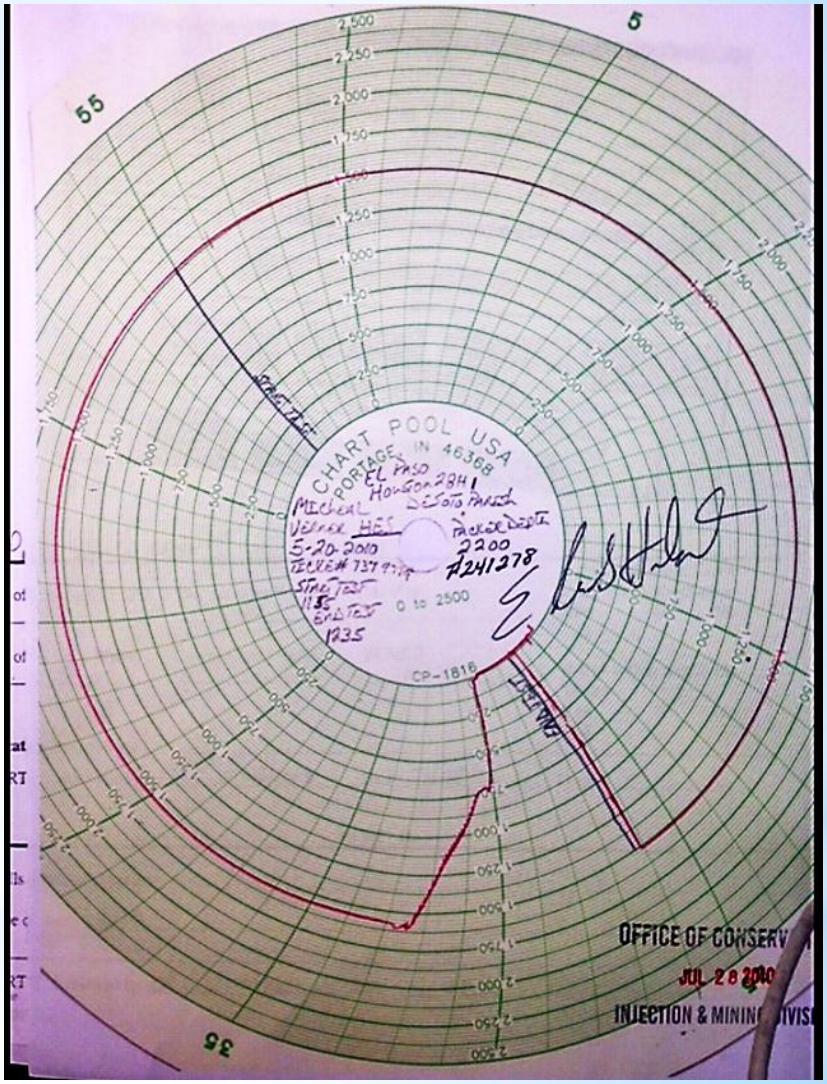
CERTIFICATION BY OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND THAT, BASED ON MY 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 (L.R.S. 30:17).

WITNESS: Charles Posey	OPERATOR REP: Donald Duck
SIGNATURE: Charles Posey CPS-3	SIGNATURE: Donald Duck

If the inspector does not witness the required second test, a properly documented pressure chart recording must be provided.

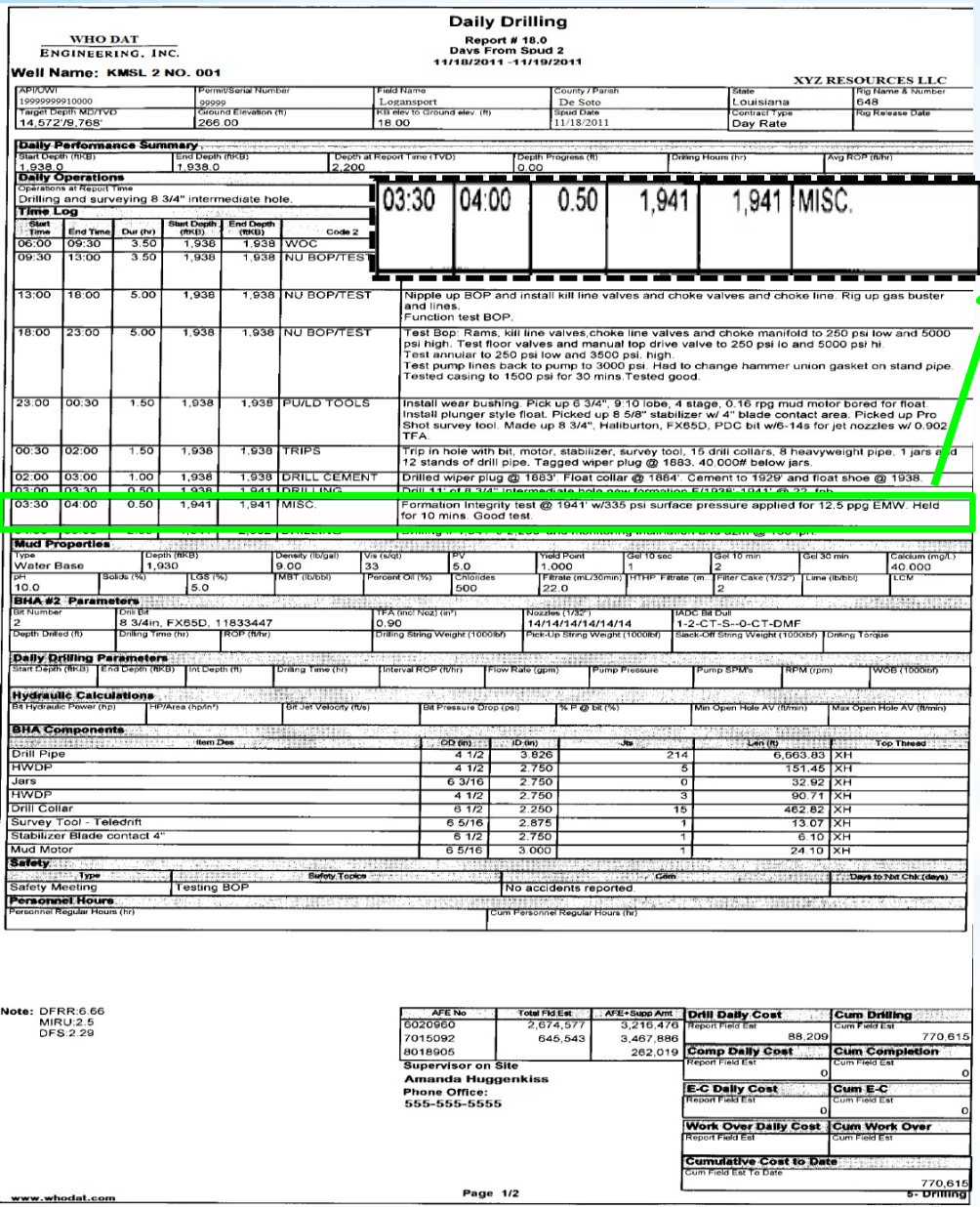
* The pressure chart recording must be clearly labeled with the well name, well serial number, casing size, packer depth, test start time and stop time, test date, and signature. This data must reflect the Form-CSG T information (if submitted) and the UIC-14 application form.



Criteria for Approval

- Pressure must be held at 1000 psi **or greater** for a minimum duration of 30 minutes and must not drop more than 5%
- Packer must be set within 50 feet of the casing shoe
  - If greater than 50 feet, a morning report showing the makeup of the casing shoe must be submitted for review
- Must have been performed within a year of submittal
- An inspector witnessed Radioactive Tracer Survey (RTS) with a time drive supplement may be performed in lieu of the second pressure test

Morning Reports



Daily Drilling

Report # 18.0
Days From Spud 2
11/18/2011 -11/19/2011

WHO DAT ENGINEERING, INC.

Well Name: KMSL 2 NO. 001

XYZ RESOURCES LLC

API/UWI	Permit/Serial Number	Field Name	County / Parish	State	Rig Name & Number
1999999990000	99999	Logansport	De Soto	Louisiana	648
Target Depth MD/TVD	**Ground Elevation (ft)**	**Rig elev to Ground elev. (ft)**	**Spud Date**	**Contract Type**	**Rig Release Date**
14,572'/9,768'	266.00	18.00	11/18/2011	Day Rate	

Daily Performance Summary

Start Depth (ftKB)	End Depth (ftKB)	Depth at Report Time (TVD)	Depth Progress (ft)	Drilling Hours (hr)	Avg ROP (ft/hr)
1,938.0	1,938.0	2,200	0.00		

Daily Operations

Operations at Report Time
Drilling and surveying 8 3/4" intermediate hole.

Time Log

Start Time	End Time	Dur (hr)	Start Depth (ftKB)	End Depth (ftKB)	Code 2	
06:00	09:30	3.50	1,938	1,938	WOC	
09:30	13:00	3.50	1,938	1,938	NU BOP/TEST	
13:00	18:00	5.00	1,938	1,938	NU BOP/TEST	Nipple up BOP and install kill line valves and choke valves and choke line. Rig up gas buster and lines. Function test BOP.
18:00	23:00	5.00	1,938	1,938	NU BOP/TEST	Test Bop: Rams, kill line valves,choke line valves and choke manifold to 250 psi low and 5000 psi high. Test floor valves and manual top drive valve to 250 psi lo and 5000 psi hi. Test annular to 250 psi low and 3500 psi. high. Test pump lines back to pump to 3000 psi. Had to change hammer union gasket on stand pipe. Tested casing to 1500 psi for 30 mins.Tested good.
23:00	00:30	1.50	1,938	1,938	PU/LD TOOLS	Install wear bushing. Pick up 6 3/4", 9.10 lobe, 4 stage, 0.16 rpg mud motor bored for float. Install plunger style float. Picked up 8 5/8" stabilizer w/ 4" blade contact area. Picked up Pro Shot survey tool. Made up 8 3/4", Haliburton, FX65D, PDC bit w/6-14s for jet nozzles w/ 0.902 TFA.
00:30	02:00	1.50	1,938	1,938	TRIPS	Trip in hole with bit, motor, stabilizer, survey tool, 15 drill collars, 8 heavyweight pipe, 1 jars and 12 stands of drill pipe. Tagged wiper plug @ 1883. 40,000# below jars.
02:00	03:00	1.00	1,938	1,938	DRILL CEMENT	Drilled wiper plug @ 1883'. Float collar @ 1884'. Cement to 1929' and float shoe @ 1938.
03:00	03:30	0.50	1,938	1,941	DRILLING	Drill 11' of 8 3/4" intermediate hole new formation F/1938' 1941' @ 22' fph
03:30	04:00	0.50	1,941	1,941	MISC.	Formation Integrity test @ 1941' w/335 psi surface pressure applied for 12.5 ppg EMW. Held for 10 mins. Good test.

Mud Properties

Type	Depth (ftKB)	Density (lb/gal)	Vis (s/qt)	PV	Yield Point	Gel 10 sec	Gel 10 min	Gel 30 min	Calcium (mg/L)
Water Base	1,930	9.00	33	5.0	1.000	1	2		40.000
pH	**Solids (%)**	**LGS (%)**	**MBT (lb/bbl)**	**Percent Oil (%)**	**Chlorides**	**F Filtrate (mL/30min)**	**HTHP Filtrate (m...**	**Filter Cake (1/32")**	**Lime (lb/bbl)**	**LCM**
10.0		5.0			500	22.0		2		

BHA #2 Parameters

Bit Number	Drill Bit	TFA (incl Noz) (in²)	Nozzles (1/32")	IADC Bit Dull
2	8 3/4in, FX65D, 11833447	0.90	14/14/14/14/14/14	1-2-CT-S--0-CT-DMF
Depth Drilled (ft)	**Drilling Time (hr)**	**ROP (ft/hr)**	**Drilling String Weight (1000lbf)**	**Pick-Up String Weight (1000lbf)**	**Slack-Off String Weight (1000lbf)**	**Drilling Torque**

Daily Drilling Parameters

Start Depth (ftKB)	End Depth (ftKB)	Int Depth (ft)	Drilling Time (hr)	Interval ROP (ft/hr)	Flow Rate (gpm)	Pump Pressure	Pump SPM's	RPM (rpm)	WOB (1000lbf)

Hydraulic Calculations

Bit Hydraulic Power (hp)	HP/Area (hp/in²)	Bit Jet Velocity (ft/s)	Bit Pressure Drop (psi)	% P @ bit (%)	Min Open Hole AV (ft/min)	Max Open Hole AV (ft/min)

BHA Components

Item Des	OD (in)	ID (in)	Jts	Len (ft)	Top Thread
Drill Pipe	4 1/2	3.826	214	6,663.83	XH
HWDP	4 1/2	2.750	5	151.45	XH
Jars	6 3/16	2.750	0	32.92	XH
HWDP	4 1/2	2.750	3	90.71	XH
Drill Collar	6 1/2	2.250	15	462.82	XH
Survey Tool - Teledrift	6 5/16	2.875	1	13.07	XH
Stabilizer Blade contact 4"	6 1/2	2.750	1	6.10	XH
Mud Motor	6 5/16	3.000	1	24.10	XH

Safety

Type	Safety Topics	Com	Days to Nxt Chk (days)
Safety Meeting	Testing BOP	No accidents reported.	

Personnel Hours

Personnel Regular Hours (hr)	Cum Personnel Regular Hours (hr)

Note: DFRR:6.66
MIRU:2.5
DFS:2.29

AFE No	Total Fld Est	AFE+Supp Amt
5020960	2,674,577	3,216,476
7015092	645,543	3,467,886
8018905		262,019

Supervisor on Site
Amanda Huggenkiss
Phone Office:
555-555-5555

Drill Daily Cost	Cum Drilling
Report Field Est: 88,209	Cum Field Est: 770,615
Comp Daily Cost	**Cum Completion**
Report Field Est: 0	Cum Field Est: 0
E-C Daily Cost	**Cum E-C**
Report Field Est: 0	Cum Field Est: 0
Work Over Daily Cost	**Cum Work Over**
Report Field Est	Cum Field Est
Cumulative Cost to Date	
Cum Field Est To Date: 770,615	

www.whodat.com Page 1/2 5- Drilling

03:30	04:00	0.50	1,941	1,941	MISC.	Formation Integrity test @ 1941' w/335 psi surface pressure applied for 12.5 ppg EMW. Held for 10 mins. Good test.

The first morning report must prove that a jug test was conducted in which the surface casing shoe held pressure to an Equivalent Mud Weight (EMW) that comes within 15% of the Eaton 9# curve.

Daily Drilling

WHO DAT ENGINEERING, INC.

Report # 44.0
Days From Spud 19
12/7/2011-12/8/2011

Well Name: KMSL 2 NO. 001

XYZ RESOURCES LLC

API/UWI	Field Name	County / Parish	State	Contractor	Rig Name & Number
19999999910000	Logansport	DeSoto	Louisiana	Performance Drilling	14
Target Depth MD/TVD	**Ground Elevation (ft)**	**KB elev to Ground elev. (ft)**	**Spud Date**	**Contract Type**	**Rig Release Date**
14319/9930	235.00	18.00	11/18/2011	Day Rate	

Daily Performance Summary

Start Depth (ftKB)	End Depth (ftKB)	Depth at Report Time (TVD)	Depth Progress (ft)	Drilling Hours (hr)	Avg ROP (ft/hr)
10,335.0	10,335.0	9872.76	0.00		

Daily Operations

Operations at Report Time: Change out pipe rams

Time Log

Start Time	End Time	Dur (hr)	Start Depth (ftKB)	End Depth (ftKB)	Code	Com
06:00	07:30	1.50	10,335.0	10,335.0	TRIPS	Make dummy with landing jt & L/D same.
07:30	08:00	0.50	10,335.0	10,335.0	MISC.	Daily rig service
08:00	09:30	1.50	10,335.0	10,335.0	TRIPS	P/U & M/U Case-tech FC and FS, 1 shoe jt of 7in, 26#, HCP-110, BTC, follow with 12 jts of 7in, 26#, HCP-110 BTC,
09:30	11:00	1.50	10,335.0	10,335.0	RUN CSG & CMT	Repair brake handle
11:00	11:30	0.50	10,335.0	10,335.0	RUN CSG & CMT	Continue to run 7", 26#, HCP-110, BTC casing to 9913' (tight spot)
11:30	12:00	0.50	10,335.0	10,335.0	SERVICE RIG	Sting in with fill up tool and start circulating through tight spot, continue circulating and working pipe
12:00	12:30	0.50	10,335.0	10,335.0	RUN CSG & CMT	Continue to Run 7" casing, tag bottom and lay down 2 joints, P/U & M/U 1 landing jt slack off & land fluted mandrel hanger in well head. Torque to 7000 ft/lb total of 265 jts (injcluding landing joint) @ 10335'ft (10' off bottom).
12:30	13:30	1.00	10,335.0	10,335.0	REPAIR RIG	Rig up steel lines to standpipe and rig down casing equip and lay down truck
13:30	19:30	6.00	10,335.0	10,335.0	RUN CSG & CMT	Circulate for cement job
19:30	20:00	0.50	10,335.0	10,335.0	COND & CIRC	Held S/M with crews, Swap lines to Schlumberger truck, Test lines to 4800psi,
20:00	21:30	1.50	10,335.0	10,335.0	RUN CSG & CMT	Pump 20 bbls Mud push II @ 12ppg, (4 lb/bbl BWVBASFLU, .1 gal/bbl BVO spacerV, 196.92 lb/bbl BWVSpacerV, 4 lb/bbl BWVBASFLU)
22:30	23:30	1.00	10,335.0	10,335.0	COND & CIRC	Cement as follow: Lead: 537 sks(169 bbls)(12.5ppg, Yld 1.77 cu ft/sk) fresh water=5.69 gal/sk (10% silica + 4% extender + 0.2% dispersant + 0.2% Anti-foam + 0.2% retarder + 0.13 lb/sk LCM.
23:30	03:00	3.50	10,335.0	10,335.0	RUN CSG & CMT	Tail: 162 sks(41.5 bbls)(16.2ppg, Yld 1.45 cu ft/sk) 35% silica + 0.3% fluid loss + 0.2% dispersant + 0.2% anti-foam + 0.1% anti-settling agent + 0.1% retarder. Flush lines out with water.
03:00	04:00	1.00	10,335.0	10,335.0	RUN CSG & CMT	Drop plug displace w/ 390 bbls of drilling mud, Bumped plug @ 2:15am on 4-8-2011 w/ 650psi pressure up to 1150psi, Hold pressure for 5 mins, Release pressure, Got back 2 bbls back to truck, Float equipment holding, Good circulate throughout the job, R/D Schlumberger service equipment.
04:00	05:00	1.00	10,335.0	10,335.0	NU BOP/TEST	Rig down cement head, elevators and bails
05:00	06:00	1.00	10,335.0	10,335.0	NU BOP/TEST	Install wood group pack off assembly in hanger & test seals to 5000psi (Test Good)
						Rig up top drive for 4" while changing 4.5" rams to 4" rams

Mud Properties

Type	Depth (ftKB)	Density (lb/gal)	Vis (s/qt)	PV	Yield Point	Gel 10 sec	Gel 10 min	Gel 30 min	Calcium (mg/L)
Water Base	10,335.0	10.20	44	12.0	8.000	4	16		40,000
pH	**Solids (%)**	**LGS (%)**	**MBT (lb/bbl)**	**Percent Oil (%)**	**Chlorides**	**Filtrate (mL/30min)**	**HTHP Filtrate (m...**	**Filter Cake (1/32")**	**Lime (lb/bbl)**	**LCM**
9.7	10.4	6.8		2.0	1800	8.8		2		

BHA #<BHA #?> Parameters

Bit Number	Drill Bit	TFA (incl Noz) (in²)	Nozzles (1/32")	IADC Bit Dull
Depth Drilled (ft)	**Drilling Time (hr)**	**ROP (ft/hr)**	**Drilling String Weight (1000lbf)**	**Pick-Up String Weight (1000lbf)**	**SO Str Wt (1000lbf)**	**Drilling Torque**

Daily Drilling Parameters

Start Depth (ftKB)	End Depth (ftKB)	Int Depth (ft)	Drilling Time (hr)	Interval ROP (ft/hr)	Flow Rate (gpm)	Pump Pressure	Pump SPM's	RPM (rpm)	WOB (1000lbf)

Hydraulic Calculations

Bit Hydraulic Power (hp)	HP/Area (hp/in²)	Bit Jet Velocity (ft/s)	Bit Pressure Drop (psi)	% P @ bit (%)	Min Open Hole AV (ft/min)	Max Open Hole AV (ft/min)

BHA Components

Item Des	OD (in)	ID (in)	Jts	Len (ft)	Top Thread

Safety

Safety Topics	Com
Run casing, cement	No accident reported

Gas

BGG	CG	TG	Max Gas	Chlorides	Com
45.00		90	90	1,800	

Equipment Pressure Tests

Date	Test Type	Comment
4/4/2011	BOP Test	Tested rams 250/5000psi, annular 250/3500psi, choke manifold and floor valves 250/5000psi

Note: DFRR: 22.9
DFS: 18.83
MIRU: 3.92

AFE No	Total Fld Est	AFE+Supp Amt
6019491	2,776,735	3,473,661
7014095	577,996	3,402,925
8016701	22,600	262,019

Supervisor on Site
Amanda Huggenkiss
Phone Office:
555-555-5555

Drill Daily Cost	Cum Drilling
Report Field Est: 357,974	Cum Field Est: 2,131,464
Comp Daily Cost	**Cum Completion**
Report Field Est	Cum Field Est
E-C Daily Cost	**Cum E-C**
Report Field Est	Cum Field Est
Work Over Daily Cost	**Cum Work Over**
Report Field Est	Cum Field Est
Cumulative Cost to Date	
Cum Field Est To Date: 2,131,464	

20:00 | 21:30 | 1.50 | 10,335.0 | 10,335.0 | RUN CSG & CMT | Continue to Run 7" casing, tag bottom and lay down 2 joints, P/U & M/U 1 landing jt slack off & land fluted mandrel hanger in well head. Torque to 7000 ft/lb total of 265 jts (injcluding landing joint) @ 10335'ft (10' off bottom).

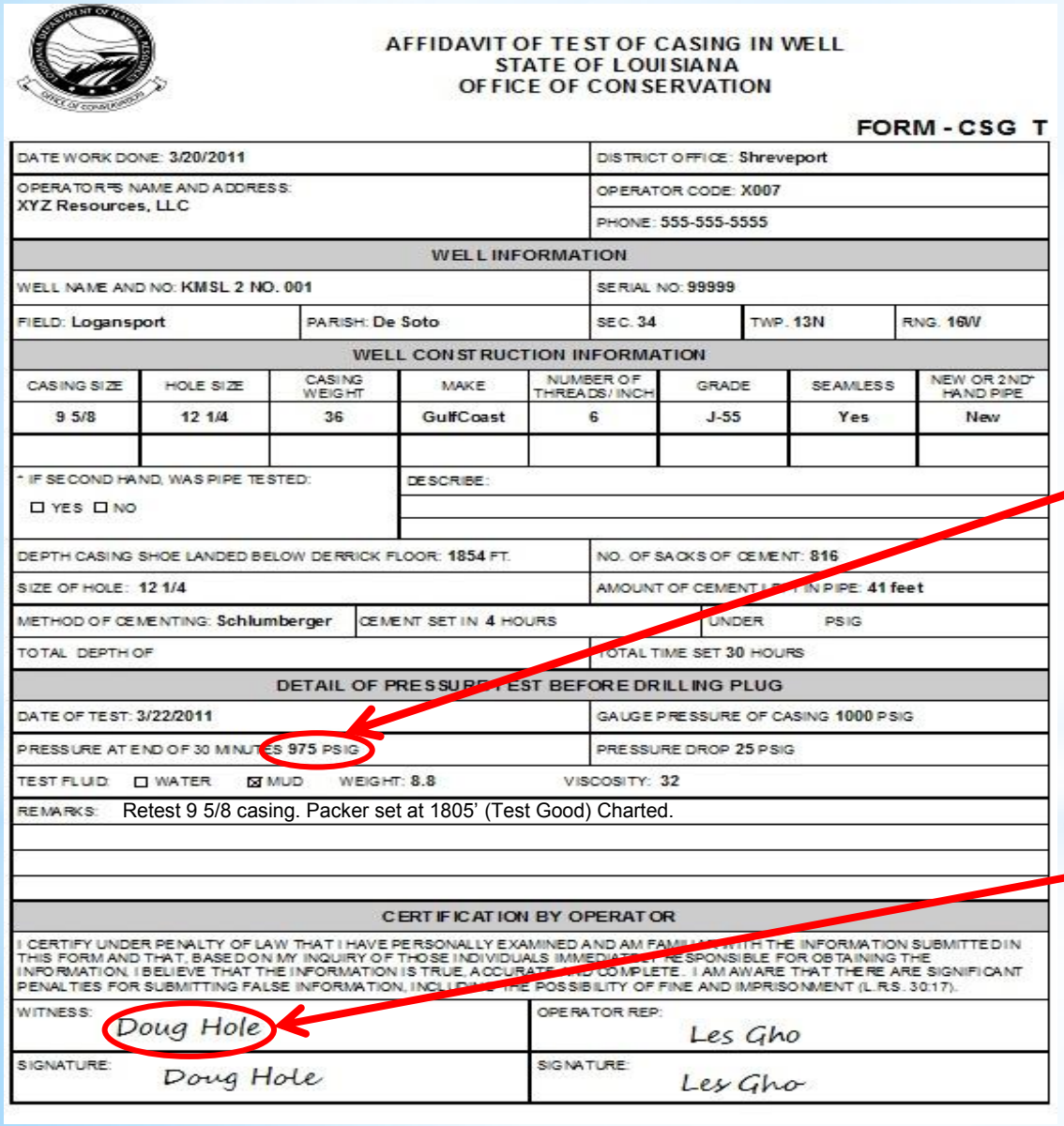
The second morning report must indicate when the long string casing was run

Area of Review (AOR)

- ¼ mile radius search
- Disposal into hydrocarbon bearing horizons is prohibited
- All wells must have proof of cement isolation between the USDW and top of the injection zone of the subject well by one of the following:
    - Casing set and cemented through the USDW
    - Open hole plugs
    - Perforate and squeeze cement
    - Drilled shallower than injection zone

Group Activity

What is wrong with this affidavit?



AFFIDAVIT OF TEST OF CASING IN WELL
STATE OF LOUISIANA
OFFICE OF CONSERVATION

FORM - CSG T

DATE WORK DONE: 3/20/2011	DISTRICT OFFICE: Shreveport
OPERATOR'S NAME AND ADDRESS: XYZ Resources, LLC	OPERATOR CODE: X007
	PHONE: 555-555-5555

WELL INFORMATION

WELL NAME AND NO: KMSL 2 NO. 001		SERIAL NO: 99999		
FIELD: Logansport	PARISH: De Soto	SEC. 34	TWP. 13N	RNG. 16W

WELL CONSTRUCTION INFORMATION

CASING SIZE	HOLE SIZE	CASING WEIGHT	MAKE	NUMBER OF THREADS/ INCH	GRADE	SEAMLESS	NEW OR 2ND HAND PIPE
9 5/8	12 1/4	36	GulfCoast	6	J-55	Yes	New

* IF SECOND HAND, WAS PIPE TESTED: ☐ YES ☐ NO	DESCRIBE:
DEPTH CASING SHOE LANDED BELOW DERRICK FLOOR: 1854 FT.	NO. OF SACKS OF CEMENT: 816
SIZE OF HOLE: 12 1/4	AMOUNT OF CEMENT LEFT IN PIPE: 41 feet
METHOD OF CEMENTING: Schlumberger / CEMENT SET IN 4 HOURS / UNDER PSIG	
TOTAL DEPTH OF	TOTAL TIME SET 30 HOURS

DETAIL OF PRESSURE TEST BEFORE DRILLING PLUG

DATE OF TEST: 3/22/2011	GAUGE PRESSURE OF CASING 1000 PSIG
PRESSURE AT END OF 30 MINUTES 975 PSIG	PRESSURE DROP 25 PSIG
TEST FLUID: ☐ WATER ☒ MUD WEIGHT: 8.8 VISCOSITY: 32	
REMARKS: Retest 9 5/8 casing. Packer set at 1805' (Test Good) Charted.	

CERTIFICATION BY OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS FORM AND THAT, BASED ON MY 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 (L.R.S. 30:17).

WITNESS: Doug Hole	OPERATOR REP: Les Gho
SIGNATURE: Doug Hole	SIGNATURE: Les Gho

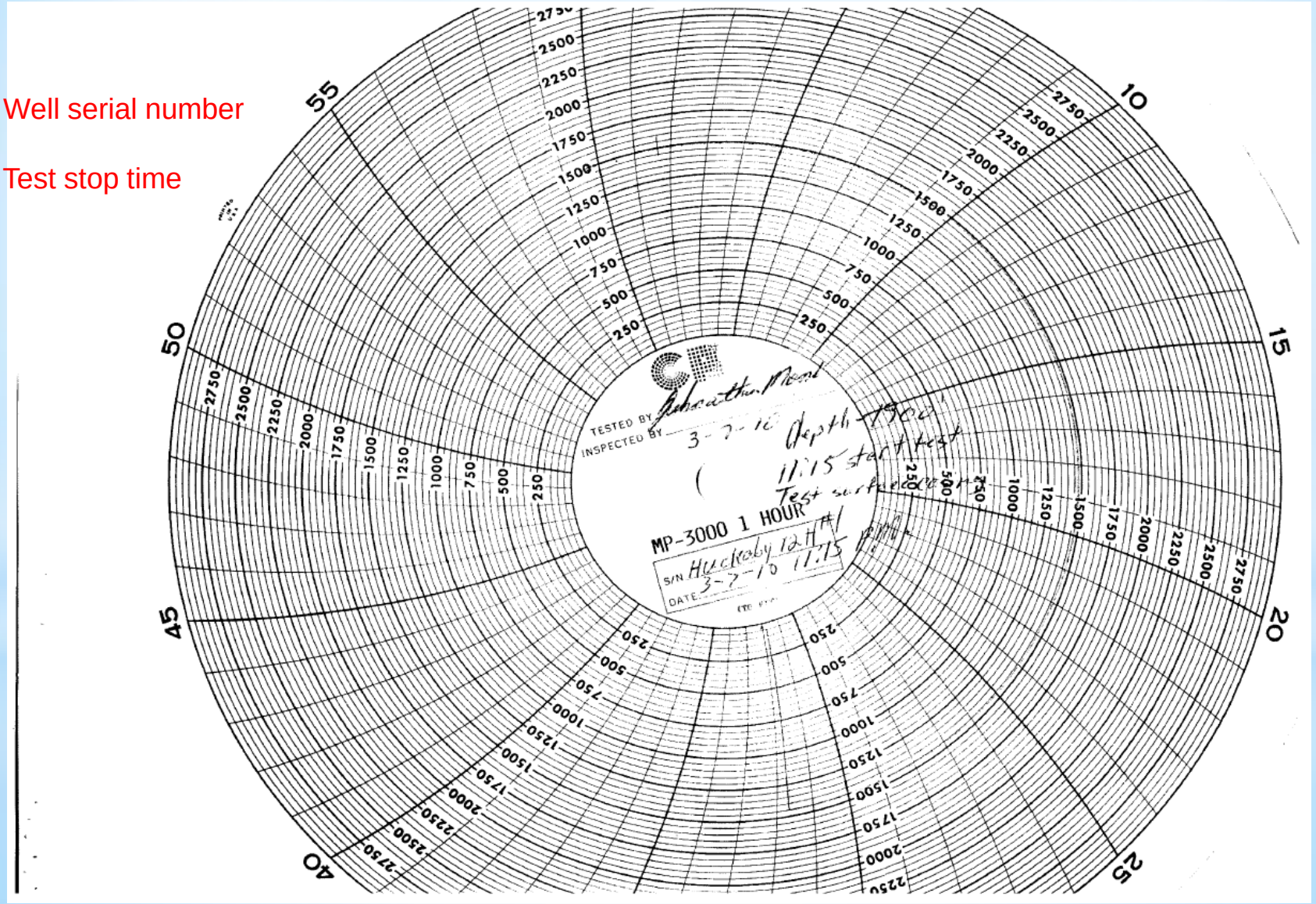
There was a drop in pressure which fell below the minimum required 1000 psi

The test was not witnessed by a Conservation Enforcement Agent

What's missing on this pressure chart recording?

* Well serial number

* Test stop time



*Permit

If approved,

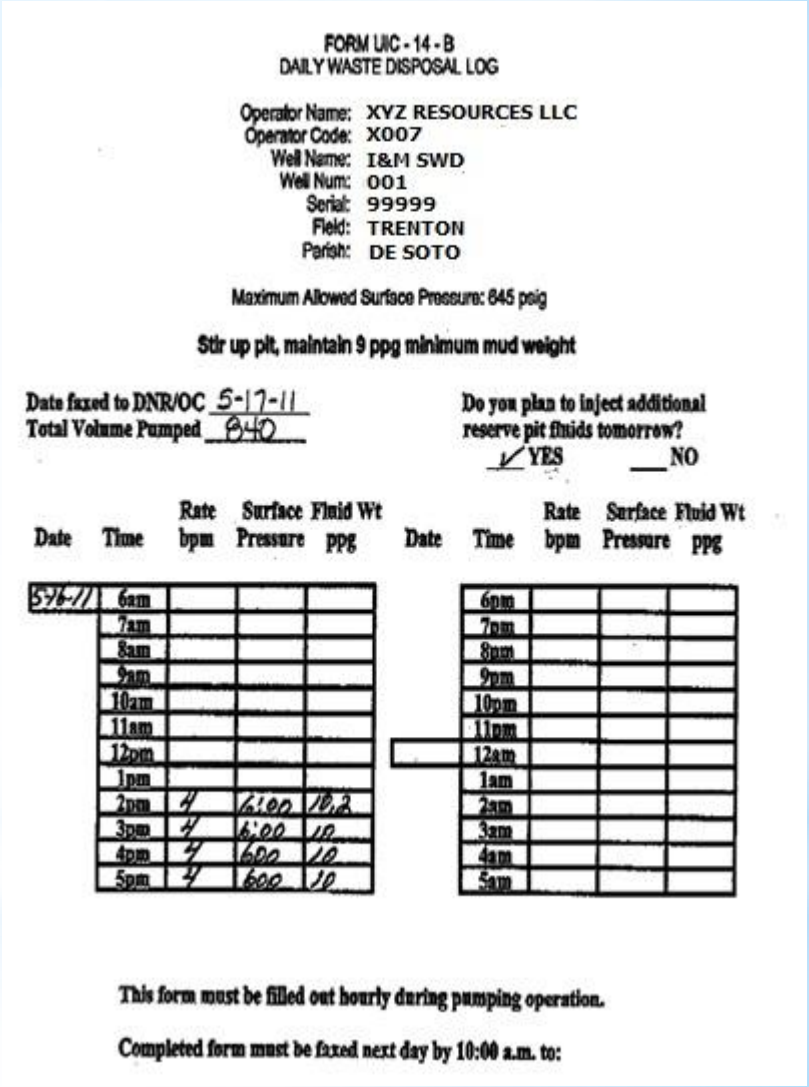
- MASIP will be calculated, however, the permitted MASIP will be limited to no more than the pressure applied during the casing pressure test.

- The permit is valid for six (6) calendar months from the date of approval
  - Injection after the expiration date or closing of the application will require submission of a new application.

- The permit will be issued via email along with the following attachments:

Form UIC-14-B—Daily Waste Disposal Log

- Records daily injected volume, hourly injection rate, mud weight and injection pressure (Must maintain minimum 9 ppg mud weight)
- Indicates intent for subsequent injection
- Must be faxed daily to 225-342-3094. May be submitted along with a copy of the corresponding pressure chart recording or charts may be mailed to this office within 3 days of the conclusion of the disposal operation



FORM UIC - 14 - B
DAILY WASTE DISPOSAL LOG

Operator Name: XYZ RESOURCES LLC
Operator Code: X007
Well Name: I&M SWD
Well Num: 001
Serial: 99999
Field: TRENTON
Parish: DE SOTO

Maximum Allowed Surface Pressure: 845 psig

Stir up pit, maintain 9 ppg minimum mud weight

Date faxed to DNR/OC 5-17-11
Total Volume Pumped 840

Do you plan to inject additional reserve pit fluids tomorrow?
✓ YES ___ NO

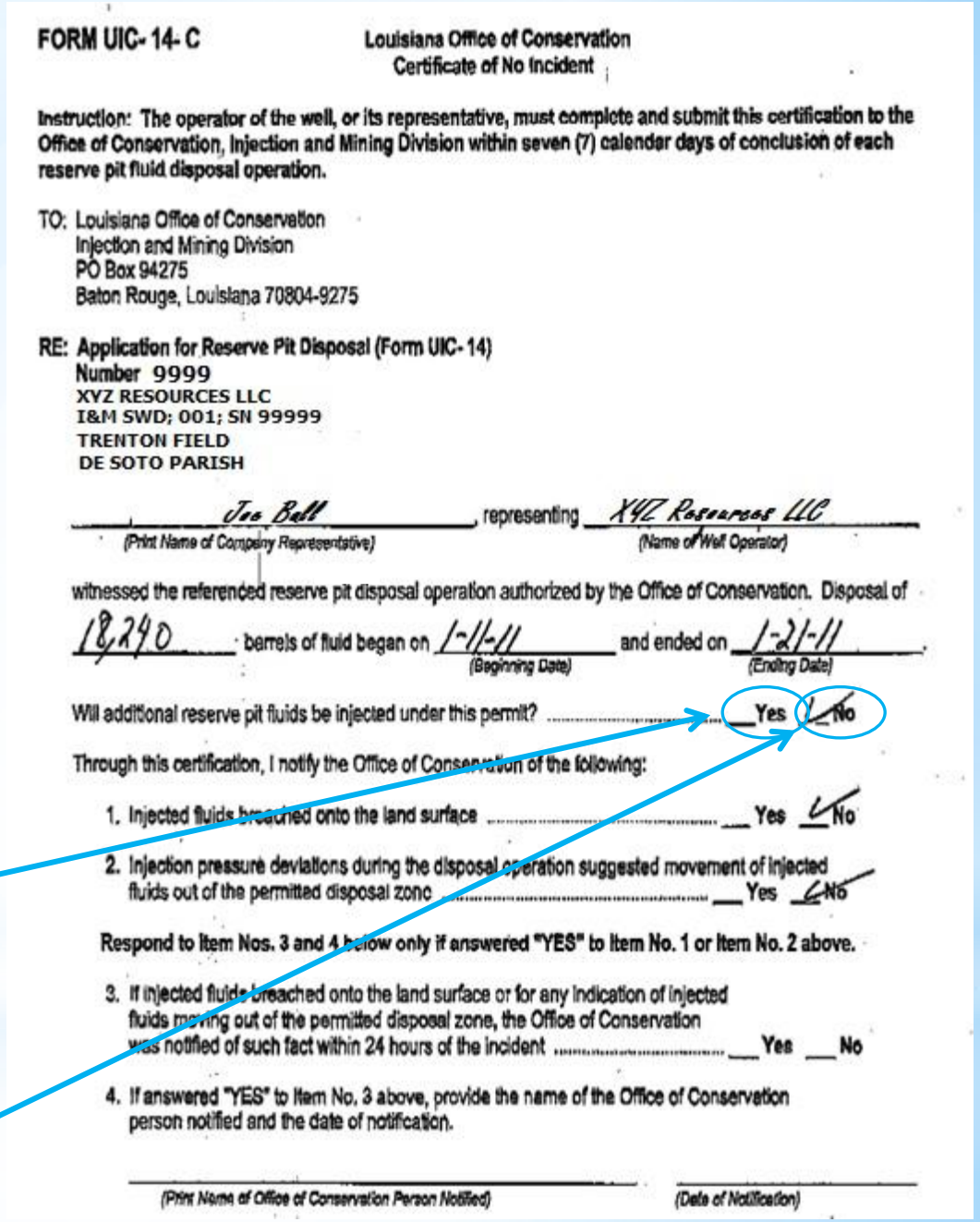
Date	Time	Rate bpm	Surface Pressure	Fluid Wt ppg	Date	Time	Rate bpm	Surface Pressure	Fluid Wt ppg
5-16-11	6am					6pm			
	7am					7pm			
	8am					8pm			
	9am					9pm			
	10am					10pm			
	11am					11pm			
	12pm					12am			
	1pm					1am			
	2pm	4	600	10.2		2am			
	3pm	4	600	10		3am			
	4pm	4	600	10		4am			
	5pm	4	600	10		5am			

This form must be filled out hourly during pumping operation.

Completed form must be faxed next day by 10:00 a.m. to:

Form UIC-14-C—Certificate of No Incident

- Records total volume injected and duration of disposal operation
- Submit within 7 days of the conclusion of each disposal operation
  - If activity is suspended for a short period of time and operation will resume at a later time, you must indicate that additional fluids will be injected under the approved permit by selecting “YES”
  - If disposal is complete, you must indicate that additional fluids will not be injected under the approved permit by selecting “NO”.



FORM UIC- 14- C Louisiana Office of Conservation
Certificate of No Incident

Instruction: The operator of the well, or its representative, must complete and submit this certification to the Office of Conservation, Injection and Mining Division within seven (7) calendar days of conclusion of each reserve pit fluid disposal operation.

TO: Louisiana Office of Conservation
Injection and Mining Division
PO Box 94275
Baton Rouge, Louisiana 70804-9275

RE: Application for Reserve Pit Disposal (Form UIC- 14)
Number 9999
XYZ RESOURCES LLC
I&M SWD; 001; SN 99999
TRENTON FIELD
DE SOTO PARISH

Joe Bell, representing XYZ Resources LLC
(Print Name of Company Representative) (Name of Well Operator)

witnessed the referenced reserve pit disposal operation authorized by the Office of Conservation. Disposal of 18,240 barrels of fluid began on 1-11-11 (Beginning Date) and ended on 1-21-11 (Ending Date).

Will additional reserve pit fluids be injected under this permit? ..... Yes ✓ No

Through this certification, I notify the Office of Conservation of the following:

1. Injected fluids breached onto the land surface ..... Yes ✓ No
2. Injection pressure deviations during the disposal operation suggested movement of injected fluids out of the permitted disposal zone ..... Yes ✓ No

Respond to Item Nos. 3 and 4 below only if answered "YES" to Item No. 1 or Item No. 2 above.

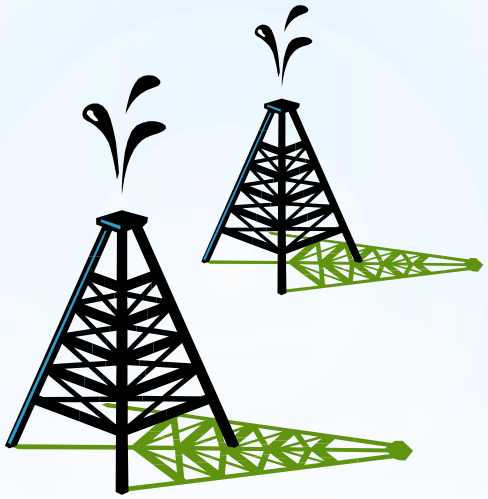
3. If injected fluids breached onto the land surface or for any indication of injected fluids moving out of the permitted disposal zone, the Office of Conservation was notified of such fact within 24 hours of the incident ..... Yes No
4. If answered "YES" to Item No. 3 above, provide the name of the Office of Conservation person notified and the date of notification.

(Print Name of Office of Conservation Person Notified) (Date of Notification)

If denied,

* A denial letter will be mailed to the Operator of Record

*Questions?



Injection Well Work Permit

Form UIC-17

- This form should be submitted to IMD for permitted injection wells when a work over is required.

To be evaluated by Injection and Mining for approval to perform major repairs or modifications which require the use of a rig. Examples of this work are listed below:

* Plug and Abandon
  (Must provide Well Schematic)
* Deepen
* Perforate
* Squeeze
* Plugback
* Pull Tubing/Packer
* Back Wash or Other Well Stimulation
  (Class I Wells)
* Pull Casing
* Replace Wellhead
* Acidize (Class I Wells Only)
* Other

Form UIC-17

INJECTION WELL WORK PERMIT
Office of Conservation
Injection and Mining Division

UIC-17	IMD Injection Well Work Permit No.	
Operator's Name and Address:		Serial No.
		Operator Code:
Well Name and Number:		Phone ( )
		Fax ( )

Field:	Parish:	Sec.	Twp.	Rng.

DESCRIPTION OF WORK

Field Contact to Schedule Well Test :	Phone:

Permit Requested By:	**Date**
Signature:	
Permit Authorized By:	**Date**

INSTRUCTIONS

A single application will suffice for one, or combinations of, the operations below provided that if more than one operation is requested on one form, such work must be performed consecutively.

1. Plug and Abandon (Provide Well Schematic)	7. Back Wash or Other Well Stimulation (Class I Wells Only)
2. Deepen	8. Pull Casing
3. Perforate	9. Replace Wellhead
4. Squeeze	10. Acidize (Class I Wells Only)
5. Plugback	11. Other (Any work requiring use of Workover Rig)
6. Pull Tubing/Packer	For Change Zone of Disposal/Completion submit Form UIC-32

Mail all Injection Well Work Permits to:
Department of Natural Resources
Office of Conservation
Injection and Mining Division
P.O. Box 94275
Baton Rouge, LA 70804-9275

To perform any of the above work types without first obtaining a work permit is a violation of the law (LAC 43:XIX.105.), which carries with it possible civil and criminal penalties.

FORM UIC-17 Rev 07/03

*Keynotes for Completing the Form

- The description of work must include any and all work to be performed on the well.
- The description of work must include the current packer depth. If the tubing and packer will be pulled, the depth at which they will be reset must be included.
- A **witnessed** Mechanical Integrity Pressure Test (MIPT) must be included in the work activity after the work is completed.
- The form submitted must include a signature and a date.
- A separate sheet may be included for permits to plug and abandon if needed.
  - Please state on the form that the work procedure is attached

Group Activity

What vital information is missing in the description of work?

INJECTION WELL WORK PERMIT
Office of Conservation
Injection and Mining Division

UIC-17

IMD Injection Well Work Permit No.	
Operator's Name and Address: XYZ Resources LLC, 123 Alphabet Street, Somewhere, US 00000	**Serial No.** 99999
	Operator Code: X007
Well Name and Number: KMSL 2 SWD #001	**Phone** (555)555-5555
	Fax (555)555-5550

Field:	TEPETATE	**Parish:**	ACADIA	**Sec.** 028	**Twp.** 07S	**Rng.** 02W

DESCRIPTION OF WORK

MIRU. RIH & release ADL-1 pkr. RIH with mule shoe and wash to at least 4110' (slickline tagged sand at 4046' 8/2/10).

RIH with CIBP for 5-3/4" csg & set at 4100' w/10' cmt on top. RIH with tbg and pkr & set at 3900'. Backwash well. Turn well over to injection.

*The operator failed to include a witnessed MIPT

Field Contact to Schedule Well Test :	Doug Hole	**Phone:**	555-555-5551
Permit Requested By:	Anita Klew	**Date**	01/01/2024
Signature:	*Anita Klew*		
Permit Authorized By:		**Date**	

INSTRUCTIONS

A single application will suffice for one, or combinations of, the operations below provided that if more than one operation is requested on one form, such work must be performed consecutively.

1. Plug and Abandon (Provide Well Schematic)	7. Back Wash or Other Well Stimulation (Class I Wells Only)
2. Deepen	8. Pull Casing
3. Perforate	9. Replace Wellhead
4. Squeeze	10. Acidize (Class I Wells Only)
5. Plugback	11. Other (Any work requiring use of Workover Rig)
6. Pull Tubing Packer	For Change Zone of Disposal Completion submit Form UIC-32

Mail all Injection Well Work Permits to:
Department of Natural Resources
Office of Conservation
Injection and Mining Division
P.O. Box 94275
Baton Rouge, LA 70804-9275

To perform any of the above work types without first obtaining a work permit is a violation of the law (LAC 43:XIX.105.), which carries with it possible civil and criminal penalties.

FORM UIC-17 Rev 07/03

What vital information is missing in the description of work?

INJECTION WELL WORK PERMIT
Office of Conservation
Injection and Mining Division

UIC-17

IMD Injection Well Work Permit No.			
Operator's Name and Address:	XYZ Resources LLC 123 Alphabet Street Somewhere, US 00000	**Serial No.**	99999
		Operator Code:	X007
Well Name and Number:	KMSL 2 SWD #001	**Phone** (555)555-5555	
		Fax (555)555-5550	

Field:	TEPETATE	**Parish:**	ACADIA	**Sec.** 028	**Twp.** 07S	**Rng.** 02W

DESCRIPTION OF WORK

PULL PACKER AND CHECK TUBING FOR LEAKS. CHANGE PACKER.

PERFORM MIPT WITNESSED BY CES AGENT.

*The operator did not include the packer setting depth.

Field Contact to Schedule Well Test :	Doug Hole	**Phone:**	555-555-5551
Permit Requested By:	Anita Klew	**Date**	01/01/2024
Signature:	*Anita Klew*		
Permit Authorized By:		**Date**	

INSTRUCTIONS

A single application will suffice for one, or combinations of, the operations below provided that if more than one operation is requested on one form, such work must be performed consecutively.

1. Plug and Abandon (Provide Well Schematic)	7. Back Wash or Other Well Stimulation (Class I Wells Only)
2. Deepen	8. Pull Casing
3. Perforate	9. Replace Wellhead
4. Squeeze	10. Acidize (Class I Wells Only)
5. Plugback	11. Other (Any work requiring use of Workover Rig)
6. Pull Tubing Packer	For Change Zone of Disposal Completion submit Form UIC-52

Mail all Injection Well Work Permits to:
Department of Natural Resources
Office of Conservation
Injection and Mining Division
P.O. Box 94275
Baton Rouge, LA 70804-9275

To perform any of the above work types without first obtaining a work permit is a violation of the law (LAC 43:XIX.105.), which carries with it possible civil and criminal penalties.

FORM UIC-17

Rev 07/03

*Plug & Abandon (P&A)

GUIDELINES

* Cement used must be either class A or class H with a minimum slurry weight of 15 ppg and must be specified in work procedure
* The number of sacks of cement for **each** plug must be provided
* There must be a minimum 9 ppg mud or 9 ppg inhibited brine placed between plugs
* Each existing set of perforations must be isolated from one another by a permissible plug and each plug must be pressure tested to a minimum of 300 psi for at least 30 minutes
* If cement isolation cannot be verified across the USDW either by CBL or calculated cement, the proposed work must include a plan to perforate and squeeze cement at a depth of 50 ft below the base of the USDW such that calculated cement comes up to 50 ft above the USDW for an external plug of at least 100 ft
    * A pressure test is not necessary for the USDW plug but it must be tagged to verify the top of cement!

Land Locations

* Must cut all casing strings at least 5 feet below ground level and leave a surface cement plug of at least 30 feet
* Must weld a ½ inch thick steel plate across all annuli and include well serial number and date

Water Locations

* Must cut all casing strings at least 15 feet below mud line and leave a surface cement plug of at least 100 feet.

Once approved,

- A 90 day permit will be issued unless remedial action is deemed necessary following a review of the well file. In that case a 30 day permit will be issued.
- The reporting requirements will be included with the permit providing a time table and detailed instructions for submitting follow-up documentation.

Questions?

FORM UIC-P&A: INJECTION WELL PLUG AND ABANDONMENT REPORT

- This form is now used in lieu of Form WH-1 and will only be used to document the plugging and abandonment of an injection well. Temporary abandonment should not be submitted on this form but should be reported on Form UIC-WH1.

- Upon plugging a well, a complete record must be provided on form UIC-P&A and filed in duplicate in the Injection and Mining Division within 20 days.

Well Data

OFFICE OF CONSERVATION

INJECTION WELL PLUG AND ABANDONMENT REPORT

UIC-P&A

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

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

FORM INSTRUCTIONS

One (1) original and one (1) copy of this report must be filed with the Injection & Mining Division (IMD) within twenty (20) days of the completion of work described on this form. Do not submit the Form UIC-P&A until all work and tests have been performed on the well. Please complete the form with as much historical and current information as possible. Do NOT submit the Form UIC-P&A for Temporary Abandonment- please report the TA on the Form UIC-WH1 and submit it to the IMD. **Incomplete and unsigned forms will not be accepted.**

WELL NAME	WELL NO	WELL SERIAL NO	APPLICATION NO
FIELD NAME		FIELD CODE	DATE WORK FINISHED (MM/DD/YY)
PARISH		SECTION / TOWNSHIP / RANGE	
OPERATOR NAME			OPERATOR CODE
MAILING ADDRESS		CITY, STATE, ZIP CODE	
CONTACT PERSON	E-MAIL ADDRESS	TELEPHONE NO	FAX NO

List the Casing Sizes and Plug Depths in descending order (largest/deepest to smallest/shallowest). Acceptable plug types are Balanced Cement Plugs (BCP), 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 Feet of Cement to Sacks of Cement.

CUT & PULL RECORD		PLUG RECORD						
CASING/LINER/ TUBING SIZE (OD-INCHES)	AMOUNT PULLED (FEET)	CASING/LINER/ TUBING SIZE (OD-INCHES)	PLUG TYPE (BCP, CIBP, or CR)	PLUG DEPTH		TOTAL CEMENT USED (SACKS)	SLURRY WEIGHT (PPG)	PLACEMENT METHOD
				UPPER (FEET)	LOWER (FEET)			

CASING CUT	FEET BELOW	MUDLINE (Well over Water)	GROUND LEVEL (Well on Land)	WEIGHT OF MUD LEFT IN WELL AFTER P&A (PPG)	TOTAL DEPTH OF WELL (FT)	PBTD PRIOR TO P&A (FT)

IS THIS WELL A MULTIPLE COMPLETION?	YES	NO	IF YES, INDICATE THE SERIAL NUMBER(S) IN THE FIELD BELOW AND SUBMIT ADDITIONAL REPORT(S) FOR THE OTHER WELL(S)

I hereby certify this information 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 this work was done according to the Rules and Regulations of the Office of Conservation.

WITNESS (PRINT)	WITNESS (SIGNED)	DATE

OPERATOR (COMPANY NAME)	REPRESENTATIVE (SIGNED)	DATE

WORK RESUME

List below all work performed under this Injection & Mining Division permit.

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

WAS A ½-IN STEEL PLATE WELDED ON TOP WITH THE DATE AND SERIAL NO?	WAS AN ANNULAR SQUEEZE REQUIRED BELOW THE USDW?	PERF & SQEEZE DEPTH		CEMENT SQUEEZED (SACKS)	CEMENT YIELD (CU FT/SACK)
		UPPER (FEET)	LOWER (FEET)		
YES NO	YES NO				

Questions?

UIC-32: Application to Change Disposal / Injection Zone

- If an operator wishes to perforate outside of the current permitted zone, a Form UIC-32 must be submitted for a Change in Disposal/Injection zone.

Form UIC-32 Application

APPLICATION TO CHANGE DISPOSAL/ INJECTION ZONE

MAILING ADDRESS:
OFFICE OF CONSERVATION
INJECTION & MINING DIVISION
P.O. BOX 94275-CAPITOL STATION
BATON ROUGE, LA 70804-9275

PHYSICAL ADDRESS:
OFFICE OF CONSERVATION
INJECTION & MINING DIVISION
617 N. THIRD ST., SUITE 817
BATON ROUGE, LA 70802

UIC-32

TYPE ONLY

1. APPLICATION NO.: (IMD OFFICE USE ONLY)				
2. OPERATOR NAME: ADDRESS: CITY, STATE, ZIP: EMAIL:			3. OPERATOR CODE: 4. PHONE: FAX:	
WELL INFORMATION				
5. PROPOSED WELL NAME AND NUMBER:			6. SERIAL NO. (CONVERSION & RE-PERMIT ONLY)	
7. FIELD:	8. PARISH:	9. SEC.	TWP.	RNG.
CURRENT INJECTION INTERVAL INFORMATION				
18. CURRENT INJECTION ZONE (MD IN FT.): TOP: BOTTOM:		19. CURRENT PERFORATED INTERVAL (MD IN FT.): TOP: BOTTOM:	20. CURRENT PACKER DEPTH:	
PROPOSED INJECTION INTERVAL INFORMATION				
21. PROPOSED INJECTION ZONE (MD IN FT.) TOP: BOTTOM:		22. PROPOSED PERFORATED INTERVAL (MD IN FT.): TOP: BOTTOM:	23. PROPOSED PACKER DEPTH:	

(The perforated casing must have the required amount of 60% bonded cement across from a continuous shale interval immediately above the top of the proposed zone. The packer must be set below the above-referenced bonded cement, but not higher than 150 feet above the top of zone.)

DESCRIPTION OF WORK TO BE PERFORMED

22.

23. MAIL THE APPLICATION WITH THE FOLLOWING TO THE ADDRESS LISTED IN THE HEADER:

- Non-refundable application fee per LAC 43:XIX.Chapter 7
- Electrical log showing proposed zone
- Cement bond log (unless casing is to be squeezed; then submit log after the squeeze.)

CERTIFICATION BY OPERATOR

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document 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.

24. NAME (PRINT): _____ **PHONE:** _____

SIGNATURE: _____ **DATE:** _____

(IMD OFFICE USE ONLY)	
APPROVED BY:	DATE:

The permitting process for Form UIC-32 is a two-step procedure:

1st Step: Submit the non-refundable application fee per LAC 43:XIX.Chapter 7. After the application is reviewed and found to be complete and to meet the requirements of LAC 43:XIX.Chapter 4, an **"Approval to Construct"** letter with the signed Form UIC-32 will be issued. This will allow the applicant to recomplete the subject well as described in the application, **but Not to inject**. A list describing the **"Reporting Requirements"** will be included with the **"Approval to Construct"** letter. The **"Reporting Requirements"** will tell the applicant what to file after recompletion of the well in order to receive the final **"Approval to Inject"**.

2nd Step: The well history, mechanical integrity test results, and logs are reviewed. If found adequate, an **"Approval to Inject"** letter will be issued, if not adequate, the applicant will be notified what remedial action, if any, can be taken to obtain an **"Approval to Inject"**.

Current Injection Interval Information

CURRENT INJECTION INTERVAL INFORMATION		
18. CURRENT INJECTION ZONE (MD IN FT.): TOP: BOTTOM:	19. CURRENT PERFORATED INTERVAL (MD IN FT.): TOP: BOTTOM:	20. CURRENT PACKER DEPTH:

The data entered in these fields may be obtained from historical well information and should reflect the information in Sonris Lite.

Proposed Injection Interval Information

PROPOSED INJECTION INTERVAL INFORMATION		
21. PROPOSED INJECTION ZONE (MD IN FT.) TOP: BOTTOM:	22. PROPOSED PERFORATED INTERVAL (MD IN FT.): TOP: BOTTOM:	23. PROPOSED PACKER DEPTH:

- An electrical log must be submitted showing the proposed zone
- A proposed well bore diagram should be submitted along with the application and should reflect the proposed injection information.

DESCRIPTION OF WORK TO BE PERFORMED

22.

- The description of work to be performed must include **any** and **all** work that will be performed on the well.
- A change in the permitted zone is treated as a new permit, thus the well will be expected to meet all current injection well requirements (meaning it will lose any “grandfathered” status it may have on these requirements).
- A witnessed MIPT after the work is completed must also be included.

*The application will undergo

Area of Review

Geological Review

Engineering Review

Attachments

Application Fee

* As per LAC 43:XIX.Chapter 7, a non-refundable fee of $126 must be submitted before the application is processed.
  * A check may be mailed to: Office of Conservation
    Injection and Mining Division
    P.O. Box 94275-Capitol Station
    Baton Rouge, LA 70804-9275
  * An online payment may be submitted after an invoice is created upon the operators request or due to failure to submit payment with the application.

Electric Log

* The serial number must be written on the log attached to the application.

* Must include the header with scale and at least 1,000 feet below the bottom of the proposed injection zone. (Photocopies of the logs are acceptable)

* Must identify the proposed injection zone and perforated interval.

Wellbore Diagram

* Should include all of the details provided on the application regarding the proposed injection zone and any proposed work that needs to be performed in order to obtain approval.

* A diagram of the current wellbore construction may also be submitted at the operator's discretion.

- After the application is reviewed and found to be complete and to meet the requirements of LAC43:XIX.Chapter 4, an Approval to Recomplete letter with the signed Form UIC-32 will be issued.

- Once field activities are completed and all reporting requirements are met, a Part II: Final Review for the Permit-to-Inject will be conducted. Injection into the well cannot occur until the Permit-to-Inject is received.

*Questions?

Form UIC-WH1 for Injection Wells: Well History and Work Resume Report

- This form is used to document the drilling and completion of an injection well, the conversion and completion of an existing well to an injection well, recompletion of an existing injection well involving a change of zone, and the completion of a workover procedure of an injection well. This form must be filed with the Injection and Mining Division within twenty (20) days of completing the authorized work.

Form UIC-WH1

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. Please complete the form with as much historical and current information as possible. **Incomplete and unsigned forms will not be accepted.**

FORM UIC-WH1
for INJECTION WELLS
WELL HISTORY & WORK RESUME REPORT

MAILING ADDRESS
OFFICE OF CONSERVATION
INJECTION & MINING DIVISION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

PHYSICAL ADDRESS
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.)
TOP: BOTTOM:

PERFORATED INTERVAL (FT.) (PERFORATIONS, OPEN HOLE, TOP & BOTTOM OF CAVERN)
TOP: BOTTOM:

FIELD NAME | **FIELD CODE**

RESERVOIR/ FORMATION NAME/ SALT DOME

WELL DATA

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
- ☐ CLASS II EOR
- ☐ CLASS II SWD
- ☐ CLASS II SWD COM
- ☐ CLASS II HYRDOCARBON STORAGE
- ☐ CLASS III
- ☐ CLASS VI
- ☐ OTHER

WELL NAME | **WELL NUMBER**

OPERATOR | **OPERATOR CODE**

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

SPUD DATE (MM/DD/YYYY)	TOTAL DEPTH (FT)	PBTD (FT.)	PARISH / PARISH CODE
GROUND ELEVATION (FT)	CASING HEAD FLANGE ELEVATION (FT)	DISTANCE FROM RKB TO CHF (FT)	SEC / TWP / RNG

CASING AND LINER RECORD
Complete this section with the available historical casing information and with any relevant information documented in the Description of Work Section.

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

TUBING/HANGING STRINGS AND PACKER

TUBING/ HANGING STRING SIZE (OD-INCHES)	WEIGHT (LB/FT)	DEPTH (FEET)	PACKER(S) DEPTH(S) (FEET)

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 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 _____ and that I am authorized to make this report, and 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 or imprisonment or both (LSA-R.S. 30:17).

PRINT NAME _____ PRINT TITLE _____

SIGNATURE _____ DATE _____

WELL LOGGING AND TESTING DATA

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

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

MEASURE THE BOTTOM HOLE PRESSURE OR THE STATIC FLUID LEVEL FOR NEW DRILLED WELLS, WELL CONVERSIONS, REDRILLS, OR A CHANGE-OF-ZONE.	SHUT-IN 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 FILED
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	

TYPE OF ELECTRICAL OR OTHER LOGS RUN (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.)	DATE FILED

MIT AND SONAR DATA

Salt Cavern Wells ONLY

WAS A MIT PERFORMED?	TEST DATE	IF YES, DATE FILED	WAS A CASING INSPECTION PERFORMED?	DATE	IF YES, DATE FILED
☐ YES ☐ NO			☐ YES ☐ NO		

WAS A SONAR PERFORMED?	CAVERN VOLUME PER SONAR (BBLS)	SONAR DATE	IF YES, DATE FILED
☐ YES ☐ NO			

TYPE OF ELECTRICAL OR OTHER LOGS RUN (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.)	DATE FILED

WORK RESUME

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

- Completion of this form will be based on available historical well information and will include any changes that occur during the permitted work. Sonris Lite may be used to aid in completion of the form.

SONRIS

Louisiana.gov > Department of Natural Resources > SONRIS

Home SONRIS Downloads FAQs Contact Us About

Data Access
Lite
Java Based
Conservation
Minerals
CUP Inquiry
CUP Application
CUP GIS Databases
Data Access NEW
Document Access
GIS
GIS NEW
Hurricane Reports
Online Reporting
Surface Water
Invoice Payment
Tract Nominations
Data Request

Well Information

Review Well Information

WELLS

SERIAL	WELL NAME	WELL NUM	ORG ID	FIELD	PARISH	PROD TYPE	SEC	TWN	RGE	EFFECTIVE DATE	API NUM
979999	KMSL 2 SWD	001	T029	6576	28	00	024	10S	03E	01/01/2008	19999999910000

PRMT DATE	SPUD DATE	STAT DATE	ST CD
06/08/1990	07/25/1990	08/06/1990	09

WELL SURFACE COORDINATES

Surface Longitude	Surface Latitude	Lambert X	Lambert Y	Ground Elevation	Zone	Datum
92-6-40.321	30-9-41.558	1754176	544439	0	S	NAD-27

WELL SURFACE COORDINATES GENERATED BY DNR

UTMX 83	UTMY 83	LONGITUDE 83	LATITUDE 83
585573.11601699	3337041.85660972	-92.11132403	30.16174656

BOTTOM HOLE COORD

EFFECTIVE DATE	END DATE	PLUGBACK TOTAL DEPTH	TRUE VERTICAL DEPTH	MEASURED DEPTH	LAT DEG	LAT MIN	LAT SEC	LONG DEG	LONG MIN	LONG SEC	COORDINATE SOURCE	LAMBERT X	LAMBERT Y	ZONE	COORDINATE SYSTEM
06/01/1990	08/01/1990		0	3000							03	0	0		01
08/01/1990	07/01/1991		0	3000							03	0	0		01

WELL HISTORY

SERIAL	WELL NAME	WELL NUM	ORG ID	FIELD	ST CD	PT	WELL CLASS	EFF DATE	END DATE	STAT DATE
979999	KMSL 2 SWD	001	X007	6576	09	00	5	01/01/2008		08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	5	12/01/2001	12/31/2007	08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	5	07/01/1991	11/30/2001	08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	5	08/01/1990	07/01/1991	08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	5	06/01/1990	08/01/1990	06/08/1990

SCOUT INFO

REPORT DATE	WELL STATUS	MEASURED DEPTH	TRUE VERT DEPTH	DETAIL

PERFORATIONS

Data Access
Lite
Java Based
Conservation
Minerals
CUP Inquiry
CUP Application
CUP GIS Databases

Data Access new
Document Access
GIS
GIS new
Hurricane Reports
Online Reporting
Surface Water
Invoice Payment
Tract Nominations
Data Request

SERIAL	WELL NAME	WELL NUM	ORG ID	FIELD	ST CD	PT	WELL CLASS	EFF DATE	END DATE	STAT DATE
979999	KMSL 2 SWD	001	X007	6576	09	00	5	01/01/2008		08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	5	12/01/2001	12/31/2007	08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	5	07/01/1991	11/30/2001	08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	5	08/01/1990	07/01/1991	08/06/1990
979999	KMSL 2 SWD	001	X007	6576		00	5			

SCOUT INFO

REPORT DATE	WELL STATUS	MEASURED DEPTH	TRUE VERT DEPTH	DETAIL

PERFORATIONS

SERIAL NUM	COMPLETION DATE	UPPER PERF	LOWER PERF	SANDS	RESERVOIR
979999	07/01/1991	2820	2875		
979999	08/06/1990	2820	2860		
979999	06/01/1990	2830	2870		

WELL TESTS

RPT TYP	TEST DATE	RPT DATE	OIL POT	COND	GAS DEL	WATER	BSW%	FLOW PRES	SHUTIN PRES	CHOKE	UPPER PERF	LOWER PERF	BOT HOLE PRES

WELL ALLOWABLES

EFFECTIVE DATE	END DATE	LUW CODE	LUW TYPE CODE	ALLOWABLE	ESTIMATED POTENTIAL	CURRENT ALLOWABLE TYPE

LEASE\UNIT\WELL PRODUCTION

RPT DATE	LUW CODE	STORAGE FAC	DOC USE	WELL CNT	OPENING STK	OIL PROD(BBL)	GAS PROD(MCF)	DISPOSITION	CLOSING STK	PARISH

CASING

COMPLETION DATE	CASING SIZE	WELLBORE SIZE	CASING WEIGHT	UPPER SET DEPTH	LOWER SET DEPTH	CEMENT SACKS	TEST PRESSURE	HOURS UNDER PRESSURE	TEST DATE	CASING PULLED	CREATION PROCESS
08/06/1990	1600	0000	0	0	0	0	0	0			CASING TEST
08/06/1990	0758	0978	26.4	0	2996	790	1000	.5	08/04/1990		CASING TEST
08/06/1990	1034	1434	40.5	0	1710	1295	750	.5	08/04/1990		CASING TEST

PLUG AND ABANDON

P and A DATE	LOCATION TYPE	CASING CUT TYPE	CASING CUT DEPTH	MUD WEIGHT LEFT	COMMENTS

PLUGS

PLUG TYPE	UPPER PLUG DEPTH	LOWER PLUG DEPTH	SACKS OF CEMENT	SLURRY WEIGHT

TUBING AND PACKERS

COMPLETION DATE	TUBING SIZE	TUBING LOWER DEPTH	TUBING UPPER DEPTH	PACKER DEPTH
08/06/1990	00&00/00	0	0	2728
08/06/1990	04&01/2	2728	0	2728

Injection Information

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. Please complete the form with as much historical and current information as possible. **Incomplete and unsigned forms will not be accepted.**

FORM UIC-WH1
for INJECTION WELLS

WELL HISTORY & WORK RESUME REPORT

MAILING ADDRESS

OFFICE OF CONSERVATION
INJECTION & MINING DIVISION
P.O. BOX 94275
BATON ROUGE, LA 70804-9275

PHYSICAL ADDRESS

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.)

TOP: BOTTOM:

PERFORATED INTERVAL (FT.) (PERFORATIONS, OPEN HOLE, TOP & BOTTOM OF CAVERN)

TOP: BOTTOM:

FIELD NAME **FIELD CODE**

RESERVOIR/ FORMATION NAME/ SALT DOME

Well Data

* The information in this section should reflect previous well history reports, if any, unless there has been a change in ownership, well name, or plugged-back depth.

WELL DATA						
WORK TYPE (CHECK THE APPROPRIATE BOX)				**WELL TYPE** (CHECK THE APPROPRIATE BOX)		
☐ NEW DRILL WELL	☐ SIDETRACK			☐ CLASS I	☐ CLASS II HYRDOCARBON STORAGE	
☐ WELL CONVERSION	☐ CAVERN MIT/ SONAR			☐ CLASS II EOR	☐ CLASS III	
☐ REDRILL	☐ TEMPORARILY ABANDON			☐ CLASS II SWD	☐ CLASS VI	
☐ CHANGE OF ZONE	☐ OTHER WORK PERMIT			☐ CLASS II SWD COM	☐ OTHER	
WELL NAME						**WELL NUMBER**
OPERATOR						**OPERATOR CODE**
ADDRESS		**CITY**		**STATE**		**ZIP CODE**
SPUD DATE (MM/DD/YYYY)	**TOTAL DEPTH** (FT)	**PBTD** (FT.)		**PARISH**		**PARISH CODE**
GROUND ELEVATION (FT)	**CASING HEAD FLANGE ELEVATION** (FT)	**DISTANCE FROM RKB TO CHF** (FT)		**SEC**	**TWP**	**RNG**

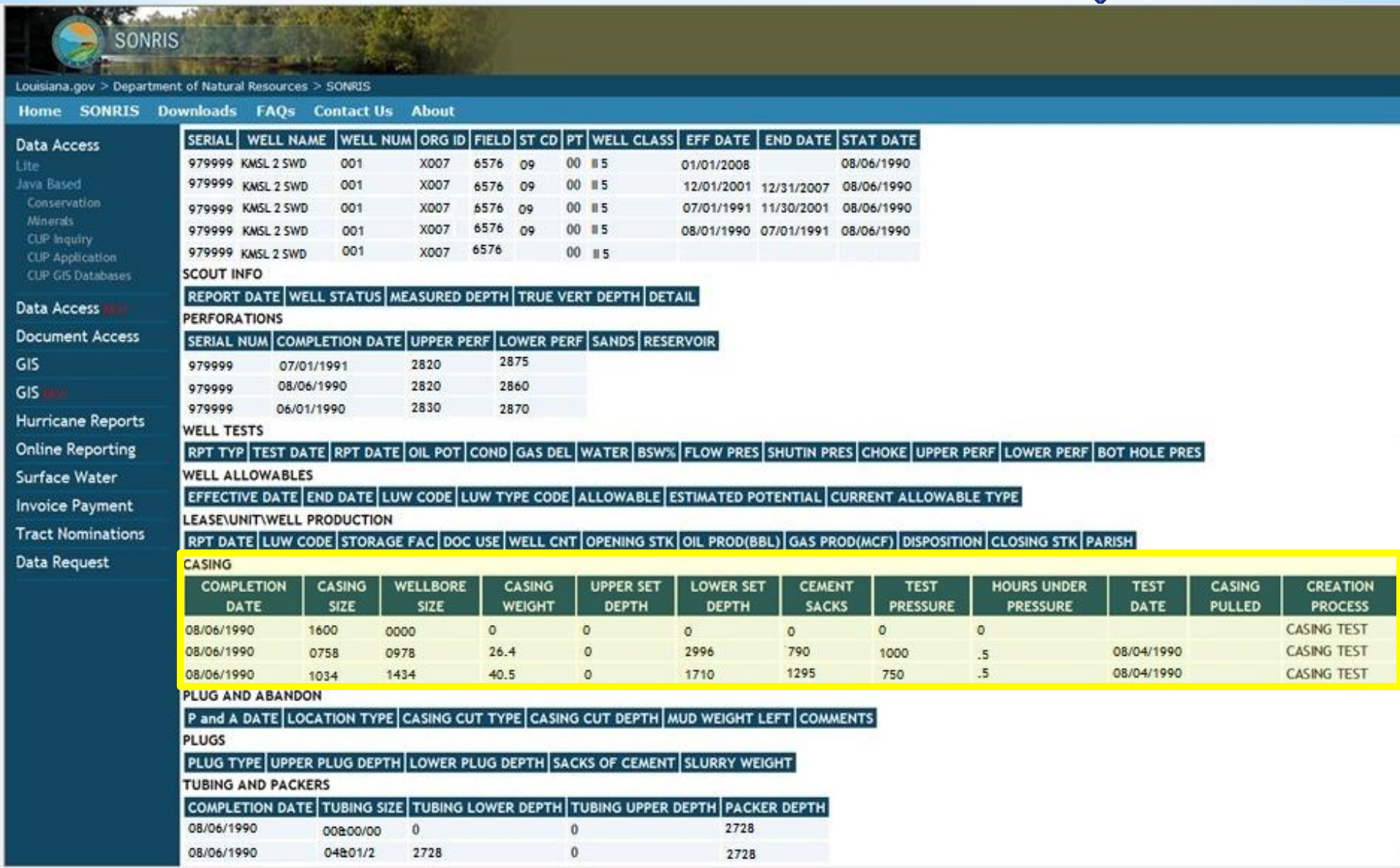
Casing and Liner Record

CASING AND LINER RECORD

Complete this section with the available historical casing information and with any relevant information documented in the Description of Work Section.

CASING/LINER SIZE (OD-INCHES)	HOLE SIZE (INCHES)	CASING/LINER WEIGHT (LB/FT)	CASING/LINER SETTING DEPTHS (FEET) TOP	BOTTOM	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

* To compare the historical records against the data in SONRIS, scroll down to the section labeled “Casing”



Casing and Liner **CEMENT** Record

CASING AND LINER CEMENT RECORD

Complete this section with the available historical 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)		TOTAL CEMENT USED (SACKS)	LEAD			TAIL		
		TOP	BOTTOM		AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)	AMOUNT (SACKS)	YIELD (CU FT/SACK)	TYPE (CLASS)

- This data may be verified on the same screen as the casing and liner records on Sonris with the exception of the lead and tail cement type and yield.

Tubing/Hanging Strings and Packer

TUBING/HANGING STRINGS AND PACKER			
TUBING/ HANGING STRING SIZE (OD-INCHES)	**WEIGHT** (LB/FT)	**DEPTH** (FEET)	**PACKER($) DEPTH($)** (FEET)

The existing tubing, hanging string and packer information should be entered here.

Plug Back Record

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 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)

To verify existing plugs in Sonris, scroll down some more

Data Access
Lite
Java Based
Conservation
Minerals
CUP Inquiry
CUP Application
CUP GIS Databases

Data Access NEW
Document Access
GIS
GIS NEW
Hurricane Reports
Online Reporting
Surface Water
Invoice Payment
Tract Nominations
Data Request

SERIAL	WELL NAME	WELL NUM	ORG ID	FIELD	ST CD	PT	WELL CLASS	EFF DATE	END DATE	STAT DATE
979999	KMSL 2 SWD	001	X007	6576	09	00	I 5	01/01/2008		08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	I 5	12/01/2001	12/31/2007	08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	I 5	07/01/1991	11/30/2001	08/06/1990
979999	KMSL 2 SWD	001	X007	6576	09	00	I 5	08/01/1990	07/01/1991	08/06/1990
979999	KMSL 2 SWD	001	X007	6576		00	I 5			

SCOUT INFO

REPORT DATE	WELL STATUS	MEASURED DEPTH	TRUE VERT DEPTH	DETAIL

PERFORATIONS

SERIAL NUM	COMPLETION DATE	UPPER PERF	LOWER PERF	SANDS	RESERVOIR
979999	07/01/1991	2820	2875		
979999	08/06/1990	2820	2860		
979999	06/01/1990	2830	2870		

WELL TESTS

RPT TYP	TEST DATE	RPT DATE	OIL POT	COND	GAS DEL	WATER	BSW%	FLOW PRES	SHUTIN PRES	CHOKE	UPPER PERF	LOWER PERF	BOT HOLE PRES

WELL ALLOWABLES

EFFECTIVE DATE	END DATE	LUW CODE	LUW TYPE CODE	ALLOWABLE	ESTIMATED POTENTIAL	CURRENT ALLOWABLE TYPE

LEASE\UNIT\WELL PRODUCTION

RPT DATE	LUW CODE	STORAGE FAC	DOC USE	WELL CNT	OPENING STK	OIL PROD(BBL)	GAS PROD(MCF)	DISPOSITION	CLOSING STK	PARISH

CASING

COMPLETION DATE	CASING SIZE	WELLBORE SIZE	CASING WEIGHT	UPPER SET DEPTH	LOWER SET DEPTH	CEMENT SACKS	TEST PRESSURE	HOURS UNDER PRESSURE	TEST DATE	CASING PULLED	CREATION PROCESS
08/06/1990	1600	0000	0	0	0	0	0	0			CASING TEST
08/06/1990	0758	0978	26.4	0	2996	790	1000	.5	08/04/1990		CASING TEST
08/06/1990	1034	1434	40.5	0	1710	1295	750	.5	08/04/1990		CASING TEST

PLUG AND ABANDON

P and A DATE	LOCATION TYPE	CASING CUT TYPE	CASING CUT DEPTH	MUD WEIGHT LEFT	COMMENTS

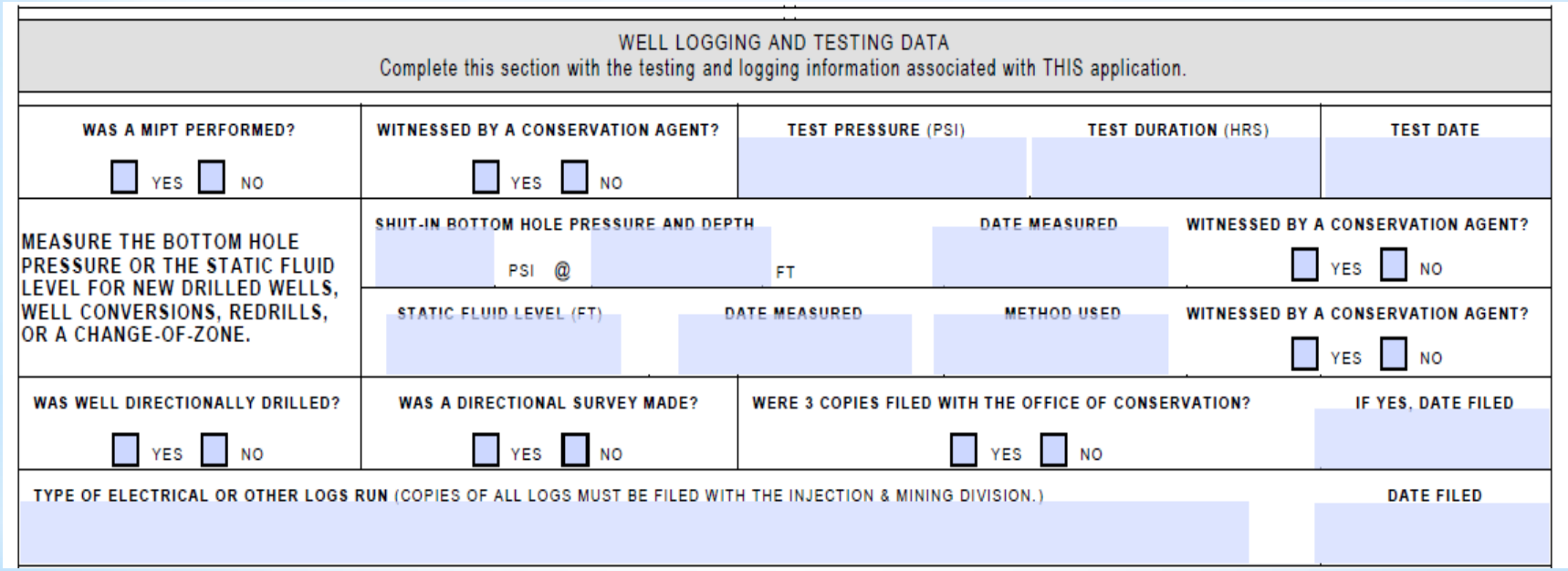
PLUGS

PLUG TYPE	UPPER PLUG DEPTH	LOWER PLUG DEPTH	SACKS OF CEMENT	SLURRY WEIGHT

TUBING AND PACKERS

COMPLETION DATE	TUBING SIZE	TUBING LOWER DEPTH	TUBING UPPER DEPTH	PACKER DEPTH
08/06/1990	008&00/00	0	0	2728
08/06/1990	048&01/2	2728	0	2728

Well Logging and Testing Data



WELL LOGGING AND TESTING DATA
Complete this section with the testing and logging information associated with THIS application.

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

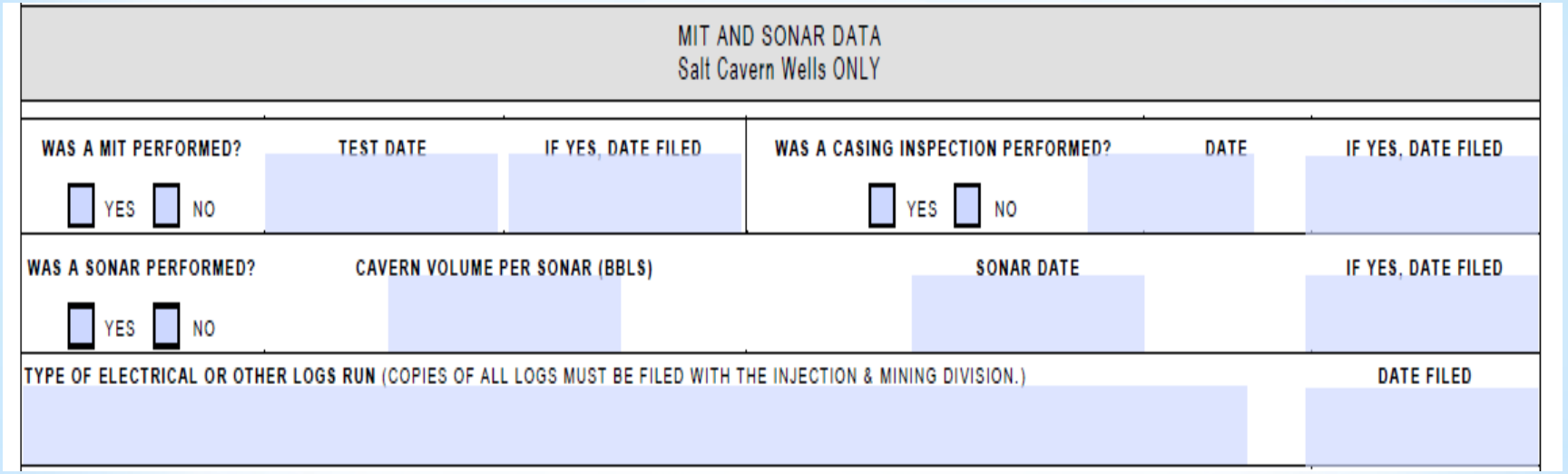
MEASURE THE BOTTOM HOLE PRESSURE OR THE STATIC FLUID LEVEL FOR NEW DRILLED WELLS, WELL CONVERSIONS, REDRILLS, OR A CHANGE-OF-ZONE.	SHUT-IN BOTTOM HOLE PRESSURE AND DEPTH	DATE MEASURED	WITNESSED BY A CONSERVATION AGENT?
	PSI @ FT		☐ YES ☐ NO
	STATIC FLUID LEVEL (FT) / DATE MEASURED / METHOD USED		WITNESSED 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 FILED
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	

TYPE OF ELECTRICAL OR OTHER LOGS RUN (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.)	DATE FILED

- This section must include <u>ALL</u> logs and tests performed under the approved permit

MIT and SONAR data



MIT AND SONAR DATA
Salt Cavern Wells ONLY

WAS A MIT PERFORMED?	TEST DATE	IF YES, DATE FILED	WAS A CASING INSPECTION PERFORMED?	DATE	IF YES, DATE FILED
☐ YES ☐ NO			☐ YES ☐ NO		

WAS A SONAR PERFORMED?	CAVERN VOLUME PER SONAR (BBLS)	SONAR DATE	IF YES, DATE FILED
☐ YES ☐ NO			

TYPE OF ELECTRICAL OR OTHER LOGS RUN (COPIES OF ALL LOGS MUST BE FILED WITH THE INJECTION & MINING DIVISION.)	DATE FILED

WORK RESUME 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**

- ALL work completed under the approved permit must be provided in this section
- The work is considered complete when a successful MIPT has been performed

Formations

FORMATIONS

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

FORMATION	DEPTH	FORMATION	DEPTH

*Questions?