

# REPORTING, MONITORING, INSPECTION & COMPLIANCE

*(This discussion is provided as a companion to the **Reporting, Monitoring, Inspection & Compliance** PowerPoint slide presentation.)*

## REPORTING

### FORM UIC-10: ANNUAL DISPOSAL/ INJECTION WELL MONITORING REPORT

#### REQUIREMENTS FOR SUBMISSION OF FORM UIC-10 (SLIDE NO. 3)

- Required Annual Submission of the Form UIC-10 for all Unplugged Injection Wells
  - ▶ Forms are sent to operators in February of the year following the reporting year (ie: Sent out in February 2012 for the 2011 reporting year)
  - ▶ Forms must be filled in and submitted to IMD by May 31st
- Submission of Form UIC-10 for Plugged and Abandoned or Transferred Wells
  - ▶ Forms are sent to an operator when IMD is notified of a P&A or Transfer
  - ▶ Operators may download the Form UIC-10A when the P&A or Transfer occurs
  - ▶ Complete the form for the portion of the year that the well was operated
  - ▶ [www.dnr.louisiana.gov](http://www.dnr.louisiana.gov) >> Conservation >> Forms/Reports/Documents >> Injection & Mining Division >> Form UIC-10A

#### INSTRUCTIONS (SLIDE NOS. 4-7)

##### FORM UIC-10

- Complete Organization and Well Information
- Provide the Injection Pressure, Annulus Pressure, Injection Rate, and Volume Injected each month
  - Indicate whether it is a Community or Individual Well

##### COMMUNITY SWD/SYSTEM NOTIFICATION/CERTIFICATION ATTACHMENT

- Replaces the need to file a FORM UIC-13 annually, after the initial FORM UIC-13 is on record.

**SOURCE FLUID ATTACHMENT**

(SLIDE NOS. 8-12)

Must be completed for each Class II Disposal/Injection well and submitted with the Form UIC-10 or Form UIC-10A. All sources of fluid injected into these wells must be reported using this attachment sheet. Failure to submit a Form UIC-10 will result in IMD issuing an Compliance Order with a civil penalty of \$200 to the operator.

Commercial SWD facilities are not required to complete the Source Fluid Attachment sheet of manifested fluids, however, this sheet must be completed for any non-manifested fluids such as fluids received by pipeline.

**SOURCE FLUID ATTACHMENT- SOURCE TYPES**

- **Source Type A**
  - ▶ Produced fluids from oil and gas production wells operated by your organization located within the field in which the subject injection well is located
  - ▶ Group all Source Type A Fluids by LUW Code.
  - ▶ For individual wells that are not a part of a lease or unit, their Serial Number is their LUW Code.
  - ▶ Complete each column where "A" is marked in the header
- **Source Type B**
  - ▶ Produced fluids from oil and gas production wells operated by your organization located in fields other than the field in which the subject injection well is located
  - ▶ Group all Source Type B Fluids by Serial Number
  - ▶ Complete each column where "B" is marked in the header
- **Source Type C**
  - ▶ Produced fluids from oil and gas production wells operated by organizations other than yours.
  - ▶ Group all Source Type C Fluids by Serial Number
  - ▶ Complete each column where "C" is marked in the header
- **Source Type D**
  - ▶ Fluids from wells and other sources that cannot be identified by an Office of Conservation LUW code. These fluids include but are not limited to gas plant waste waters not classified as hazardous, brine produced from hydrocarbon storage and brine wells in salt domes, out of state oil and gas production wells, offshore-federal oil and gas production wells, etc.
  - ▶ Group all Source Type D Fluids by Organization
  - ▶ Complete each column where "D" is marked in the header

FORM UIC-WH1: WORK HISTORY/RESUME REPORT FOR INJECTION WELLS

(SLIDE NO. 13)

- Any time an application/work permit number is issued to performed work on an injection well- including permits issued by a Conservation Enforcement Specialist (CES)- the operator must submit a Form UIC-WH1 to IMD within 20 days of the completion of work activities on the well, along with any other reporting requirements.
- The only exception is for work permits issued to plug and abandon a well; this activity should be reported on the Form UIC-P&A (more information available in the next section).
- Failure to submit a Form UIC-WH1 will result in IMD issuing a Notice of Violation to the operator.

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

(SLIDE NO. 14)

- Any time an application/work permit number is issued to plug and abandon an injection well, the operator must submit a Form UIC-P&A to IMD within 20 days of the completion of work activities on the well, along with any other reporting requirements.
- IMD has combined the information required in the Form UIC-WH1 and the Plug & Abandon Report into one form, making the Form UIC-P&A the only form required upon completion of plugging and abandonment activities of injection wells.
- Failure to submit a Form UIC-P&A will result in IMD issuing a Notice of Violation to the operator.

**MONITORING**

(SLIDE NO. 15)

MECHANICAL INTEGRITY

DEFINITION

(SLIDE NO. 16)

A well has mechanical integrity if:

- There is no significant leak in the casing, tubing, or packer (internal integrity); and
- There is no significant fluid movement into an underground source of drinking water (USDW) through vertical channels adjacent to the injection wellbore (external integrity).

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### MECHANICAL INTEGRITY FAILURE

(SLIDE NO. 17)

The Mechanical Integrity failure occurs when:

- A gauge pressure loss of 5% or greater occurs during an MIPT (or a pressure loss greater than 5 psi in Class I wells);
- The annulus of the well cannot be completely filled with water;
- The annulus of the well cannot maintain pressure;
- While injecting, water flows from the casing valve when it is open, thus indicating a communication problem in the well;
- There is a vacuum on the annulus when the casing valve is opened;
- An inspector arrives at the well for a scheduled test, but the operator is absent or unprepared for the test.

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### REPORTING A MECHANICAL INTEGRITY FAILURE

(SLIDE NO. 18)

- If a mechanical failure or down-hole problem indicates that the injection well is not, or may not be directing the injected fluid into the permitted or authorized zone, then the operator must comply with the following:
  - ▶ The well must be shut-in; and
  - ▶ The operator must call the appropriate CES or IMD within 24 hours and verbally notify them of the failure.

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### REPAIRING A MECHANICAL INTEGRITY FAILURE

(SLIDE NO. 19)

- When the operator notifies the CES or IMD of the failure, a Work Permit Application Number and Notice of Violation will be issued to the operator, which will allow the operator to pull the tubing and packer and repair the well. The operator will have 30 days to repair the well under the work permit issued by the CES.
- If additional work is necessary to repair the well, the operator must submit a Form UIC-17 Work Permit Application to IMD within 30 days of the well failure. The Form UIC-17 should detail the additional work necessary to repair the well, and if approved, the operator will have 90 to repair the well.
- If the operator is unable to repair the well within required timeframe, then the operator must comply with the following:
  - ▶ Submit a letter or email requesting an extension to repair the well;
  - ▶ Provide a financial instrument in the amount determined by IMD; and,

- ▶ If the well is not repaired within one (1) year, then the well must be plugged and abandoned.

## TEST AND INSPECTIONS

(SLIDE NO. 20)

## INSPECTORS AND PARISH ASSIGNMENTS

(SLIDE NOS. 21-22)

The Injection and Mining Division (IMD) employs seven (7) Conservation Enforcement Specialists (CES) to administer the inspection and enforcement field activities for injection wells. All inspection and testing requests should be made directly to the IMD CES who is responsible for the parish where the injection well is located. If the CES is unavailable, then IMD should be contacted directly at 225-342-5515. The District Offices should not be contacted.

The IMD CES are responsible for witnessing Mechanical Integrity Pressure Test (MIPT), witnessing any other mechanical integrity tests approved by IMD, performing site and well inspections, responding to injection well emergencies, and investigating complaints.

- **Pete Bradford (Area 1), 318-518-2677:** Bossier, Caddo, Webster
- **Rex Darden (Area 2), 318-623-4925:** Bienville, Caldwell, East Carroll, West Carroll, Claiborne, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Union
- **Bill Jones (Area 3), 318-316-2581:** Avoyelles, Catahoula, Concordia, LaSalle, Tensas
- **Jackie Hebert (Area 4), 318-623-4924:** Allen, Beauregard, DeSoto, Evangeline, Grant, Natchitoches, Rapides, Red River, Sabine, Vernon, Winn
- **Vacant (Area 5):** Acadia, Ascension, East Baton Rouge, West Baton Rouge, East Feliciana, West Feliciana, Iberia, Lafayette, Livingston, St. Helena, St. Landry, St. Martin, St. Tammany, Tangipahoa, Washington
- **Kevin Sonnier (Area 6), 337-247-4444:** Calcasieu, Cameron, Jefferson Davis, Vermilion
- **Billy Carnes (Area 7), 225-405-7470:** Assumption, Lafourche, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne

MECHANICAL INTEGRITY PRESSURE TEST (MIPT)

(SLIDE NO. 23)

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WITNESSED MIPT

(SLIDE NOS. 24-25)

The following MIPTs must be witnessed by a CES, unless otherwise noted by IMD:

- Initial MIPT  
MIPT performed on a new drill or converted injection well. The test should be performed after the well is perforated and the tubing and packer is set in the well. A successful MIPT must be witnessed by a Conservation Enforcement Specialist (CES/Inspector) before the well can be issued a Permit-to-Inject.
- Compliance MIPT  
MIPT performed when an operator has completed remedial work on a well. An MIPT must be performed before the well is returned to service.
- Periodic MIPT  
A scheduled MIPT that is witnessed by a CES at least once every five (5) years.
  - ▶ If a well requires additional mechanical integrity monitoring, then a more frequent test schedule may be assigned to the well. Notice of the revised schedule will be stated in the Permit-to-Inject.
  - ▶ IMD will notify the operator when it is time to schedule a test; however, it is the responsibility of the operator to ensure that a witnessed test is performed according to the well's prescribed schedule.

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UNWITNESSED TEST

(SLIDE NOS. 26)

Depending on the schedule and availability of the CES, IMD may give permission for a Class II injection well operator to perform an unwitnessed MIPT and static fluid level measurement on their well.

**FORM UIC-5: CLASS II WELL INTEGRITY TEST AFFIDAVIT**

The results of the test/measurement must be reported on the Form UIC-5, Class II Well Integrity Test Affidavit, and must comply with the following:

- The ORIGINAL Form UIC-5 must be submitted to the Injection and Mining Division within seven (7) days of test performance.
- All MIPTs reported on Form UIC-5 must be performed by the operator and witnessed by a third party who is not an employee of the operator.

- If the test fails, the operator is required to contact the CES or IMD within 24 hours so that a Work Permit can be issued to repair the well.

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CRITERIA FOR PERFORMING A MIPT

(SLIDE NO. 27)

- A minimum of 300 psi fluid pressure must be applied to the casing annulus if the existing pressure on the casing annulus is not sufficient.
- A differential of approximately 100 psi shall be maintained between the casing annulus test pressure and any existing formation pressure or injection pressure in the tubing during the test.
- The test pressure shall be monitored for a period of no less than 30 minutes.
- A test pressure loss of 5% (or 5 psi for Class I wells) is the maximum allowable loss during the test period.

INSPECTIONS

(SLIDE NOS. 28-29)

The following inspections are performed by a CES:

- Periodic Inspection  
An inspection performed in conjunction with all MIPTs and initial facility inspections. The principal items that are addressed include well site identification, special operational provisions, well head conditions, and well site conditions.
- Compliance Inspection  
An inspection performed when the operator has completed remedial work as prescribed by a Compliance Notice, Notice of Violation, or Compliance Order.
- Plugging and Abandonment Activities  
Field activity performed to visually observe activities involved in the plugging and abandonment activities approved by a work permit.
- Emergency Responses  
Response to a noncompliance action that causes an immediate threat to damage private property, the environment or is a threat to public safety.
- Complaint Investigation  
Field activity to investigate a complaint concerning the operation of a specific injection well. The complaint may have been initiated by a concerned citizen or by representatives of other State or Federal regulatory agencies.

**COMPLIANCE**

(SLIDE NO. 30)

ORPHAN WELLS TAKEN OVER BY ACTIVE OPERATOR

(SLIDE NO. 31)

- If permit has NOT been expired, then IMD will conduct a file review and require the new operator to address any deficiencies in the following areas:
  - ▶ MIPT compliance status
  - ▶ Construction compliance
  - ▶ Cement record review
  - ▶ Reporting compliance
- If permit has been EXPIRED, the new operator will be required to meet the following:
  - ▶ Submit a UIC-2 SWD Application within 1 YEAR of the status being changed to 08, Inactive
  - ▶ If a UIC-2 SWD Application is not submitted within 1 YEAR, then the operator will have 60 days to plug and abandon the well

TYPES OF COMPLIANCE ACTIONS

(SLIDE NO. 32)

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COMPLIANCE NOTICES

- Letters sent to inform Operator of actions to be taken to remain compliant
- Examples: UIC-10, MIPT Test Reminders

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NOTICE OF VIOLATION

- Letters sent to inform Operators they are out of compliance and the required corrective actions
- Examples: Failure to submit Form UIC-WH1, Failure to pass MIPT

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COMPLIANCE ORDERS

- Order sent for failure to properly respond to a Notice of Violation
- Requires the operator to P&A and may assess a Civil Penalty



# Example Form UIC-10

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Annual Disposal/Injection Well Monitoring Report



# ANNUAL DISPOSAL/ INJECTION WELL MONITORING REPORT

**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., 8<sup>TH</sup> FLOOR  
BATON ROUGE, LA 70802

## UIC-10 FOR CALENDAR YEAR 2011

Effective Date: 01/01/2011 – 12/31/2011  
Organization ID: J000

Name: JOE BALL, LLC  
Address: 1234 CONSERVATION BLVD.  
BATON ROUGE, LA 70810  
ATTN: JOE BALL

Report run on: Feb 14, 2012 8:00 AM  
Organization Id: J000  
Well Serial: 979999

Well Serial: 979999  
Field: LAFAYETTE

Well Name / Num: JOE BALL SWD / 001  
Field Id: 0100

Well Status: 09  
Section: 030  
Well Class/Type: II/5  
Township: 01S  
Range: 02W

### 1. MONTHLY INJECTION RECORD:

	INJECTION PRESSURE (PSI)		ANNULUS PRESSURE (PSI)		INJECTION RATE (GALLONS PER MINUTE)		VOLUME INJECTED	
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM	AVERAGE	MAXIMUM	BBL	MCF
JAN	96	105	0	0	19	21	20,250	0
FEB	90	100	0	0	20	22	18,782	0
MAR	100	110	0	0	19	21	20,484	0
APR	125	135	0	0	19	21	19,599	0
MAY	100	110	0	0	16	18	17,256	0
JUN	120	130	0	0	15	17	15,500	0
JUL	90	100	0	0	15	17	16,322	0
AUG	85	95	0	0	15	17	15,856	0
SEP	100	110	0	0	14	16	14,550	0
OCT	90	100	0	0	14	16	14,988	0
NOV	80	90	0	0	13	15	13,028	0
DEC	80	90	0	0	14	16	14,813	0
<b>TOTAL</b>							201,428	0

### 2. WELL TYPE:

EOR  SWD  ANNULAR SWD  OTHER (SPECIFY): \_\_\_\_\_

### 3. WELL COMPLETION:

A. INJECTION THROUGH:  CASING  TUBING W/O PACKER  TUBING W/ PACKER GIVE PACKER DEPTH:  FT.  
B. INTERVAL:  PERFORATIONS  OPEN HOLE  SCREEN GIVE INTERVAL DEPTH:  FT TO  FT

### 4. TYPE OF FLUIDS INJECTED DURING REPORTING CYCLE:

SALT WATER  FRESH WATER  BRACKISH WATER  AIR  NATURAL GAS  CO2  POLYMER  
 NORM  OTHER (SPECIFY): \_\_\_\_\_

### 5. COMMUNITY SWD INFO: (IF YES FOR A OR B, COMPLETE THE SECOND PAGE OF THIS FORM AND PROVIDE ATTACHMENTS.)

A. WAS THIS WELL A COMMUNITY SWD WELL DURING ALL OR PART OF THIS REPORTING CYCLE?  YES  NO  
B. WILL THIS WELL BE A COMMUNITY SWD WELL DURING THE NEXT REPORTING CYCLE?  YES  NO

### CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report 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. (L. R. S. 30:17)

NAME AND OFFICIAL TITLE (TYPE OR PRINT) Joe Ball, President	PHONE (225) 342-5569
SIGNATURE 	DATE March 12, 2012



# FORM UIC-10 SOURCE FLUID ATTACHMENT


FOR CALENDAR YEAR 2011

Serial Number: 979999  
 Well Name: JOE BALL SWD  
 Operator Name: JOE BALL, LLC

No: 001

Organization ID: J000

SOURCE TYPE (A,B,C,D)	LUW CODE or WELL NAME (A,B,C)	SERIAL NUMBER (B,C)	WELL NUMBER (B,C)	ORGANIZATION NAME (C,D)	ORG ID (C)	LUW TYPE CODE (A)	VOLUME (BBLs/YEAR) (A,B,C,D)
A	006033					1	25,178
A	043056					2	25,025
A	043059					2	31,861
A	227963					3	18,650
B	JOB BALL ET AL	225693	001				17,253
C	L BLAND CO	229653	001	BLAND & CO, LLC	B000		27,023
C	L BLAND CO	229658	002	BLAND & CO, LLC	B000		30,258
C	L BLAND CO	229705	003	BLAND & CO, LLC	B000		26,180

Completed By: JOE BALL  Phone No: 225-342-5515  
 Signature: \_\_\_\_\_ Date: March 12, 2012

Notes: Source Type 'A' - Fluids from operator's wells within this field (The LUW Code for a well that is not part of a Lease or Unit is it's Serial Number)  
 Source Type 'C' - Fluids from other operator's wells  
 Source Type 'B' - Fluids from operator's wells from other fields  
 Source Type 'D' - Fluids from "Other" sources

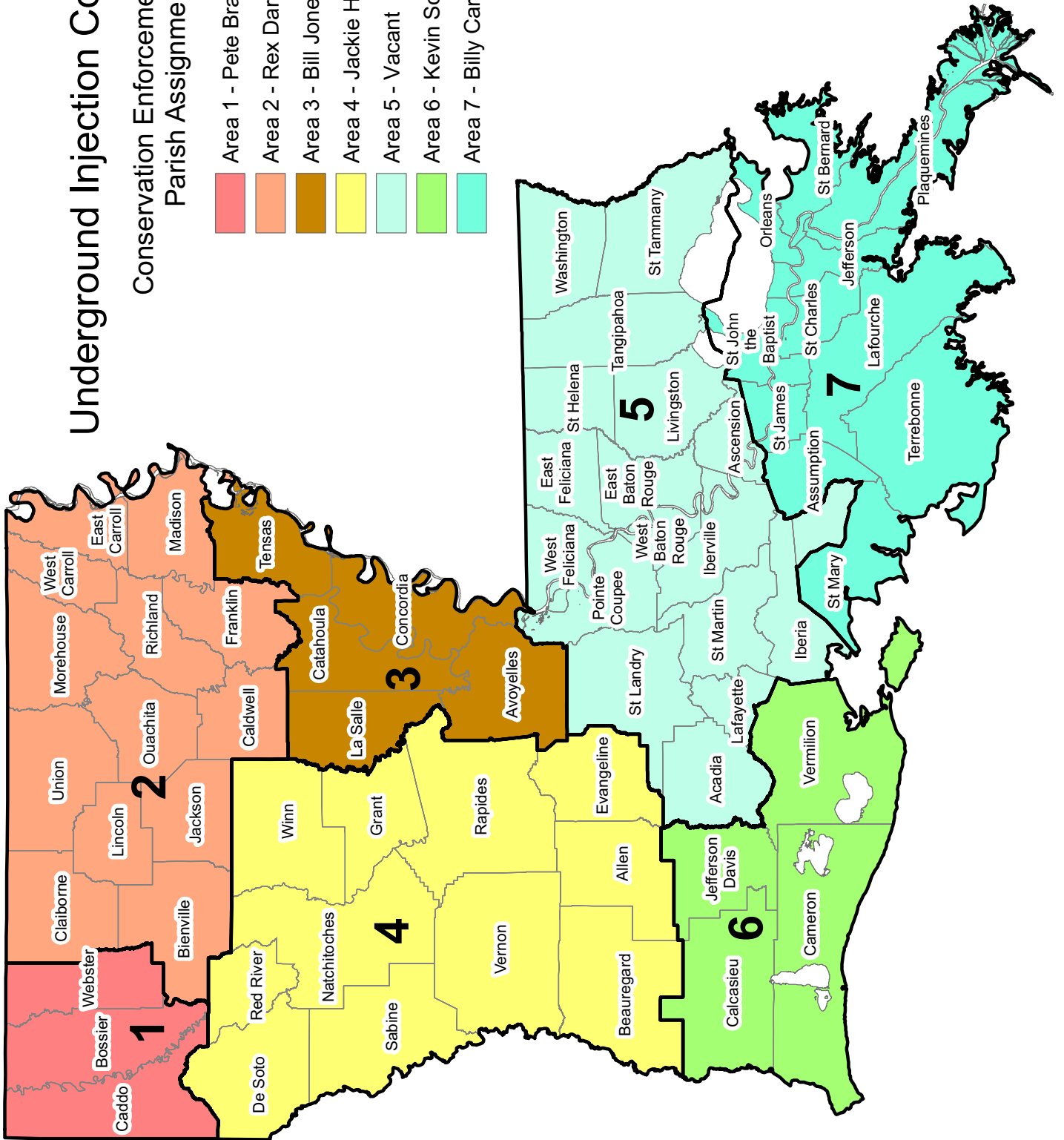
# CES Map of Parish Assignments

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# Underground Injection Control Program

Conservation Enforcement Agent  
Parish Assignment

- Area 1 - Pete Bradford
- Area 2 - Rex Darden
- Area 3 - Bill Jones
- Area 4 - Jackie Hebert
- Area 5 - Vacant
- Area 6 - Kevin Sonnier
- Area 7 - Billy Carnes



# Form UIC-5

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Class II Well Integrity Test Affidavit



# OFFICE OF CONSERVATION

## CLASS II WELL INTEGRITY TEST AFFIDAVIT

### UIC-5

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

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

WELL AND OPERATOR INFORMATION						
WELL NAME				WELL NO	WELL SERIAL NO	
FIELD NAME	FIELD CODE	PARISH	PARISH CODE	SECTION	TOWNSHIP	RANGE
OPERATOR NAME				OPERATOR CODE		
MAILING ADDRESS			CITY, STATE, ZIP CODE			
CONTACT PERSON	E-MAIL ADDRESS	TELEPHONE NO		FAX NO		
TEST REASON: <input type="checkbox"/> NEW PERMIT- APPL NO: <input type="checkbox"/> WORKOVER- WORK PERMIT NO <input type="checkbox"/> PERIODIC						
WELL CONSTRUCTION						
TOTAL DEPTH (FEET)		PBTD (FEET)		INJECTION INTERVAL(S) (FEET)		
TO						
TUBING DEPTH (FEET)	TUBING SIZE	SIZE OF CASING BEING TESTED	PACKER DEPTH (FEET)	PACKER MAKE/MODEL		

MECHANICAL INTEGRITY PRESSURE TEST (MIPT)								
PERFORM MIPT AT 300 PSI FOR A MINIMUM OF 30 MINUTES (500 PSI for EOR wells)								
MAXIMUM AUTHORIZED SURFACE INJECTION PRESSURE _____ PSI								
1	DATE OF TEST	START TIME	INJECTION PRESSURE	ANNULUS PRESSURE		END TIME	INJECTION PRESSURE	ANNULUS PRESSURE
2	DATE OF TEST	START TIME	INJECTION PRESSURE	ANNULUS PRESSURE		END TIME	INJECTION PRESSURE	ANNULUS PRESSURE
<input type="checkbox"/> WELL INJECTING DURING TEST				<input type="checkbox"/> WELL SHUT-IN DURING TEST				
STATIC FLUID LEVEL MEASUREMENT								
DATE OF MEASUREMENT	STATIC FLUID LEVEL MEASUREMENT (FEET)				SFL MEASUREMENT METHOD			

### CERTIFICATION

OPERATOR REPRESENTATIVE	THIRD PARTY WITNESS
I, _____ (PRINT NAME) THE UNDERSIGNED, HEREBY STATE THAT I AM EMPLOYED BY	I, _____ (PRINT NAME) THE UNDERSIGNED, HEREBY STATE THAT I AM EMPLOYED BY
AND HEREBY CERTIFY THAT I AM AUTHORIZED TO MAKE THIS REPORT AND THAT THE SUBJECT WELL TEST WAS PERFORMED UNDER MY SUPERVISION AND DIRECTION AND THAT ALL FACTS STATED HEREIN ARE TRUE, CORRECT AND COMPLETE.	AND HEREBY CERTIFY THAT I WITNESSED THE PERFORMANCE OF THE PRESSURE TEST(S) SHOWN ABOVE AND THAT THE TEST DATA STATED HEREIN IS TRUE, CORRECT AND COMPLETE.
SIGNATURE	SIGNATURE
TITLE	TITLE