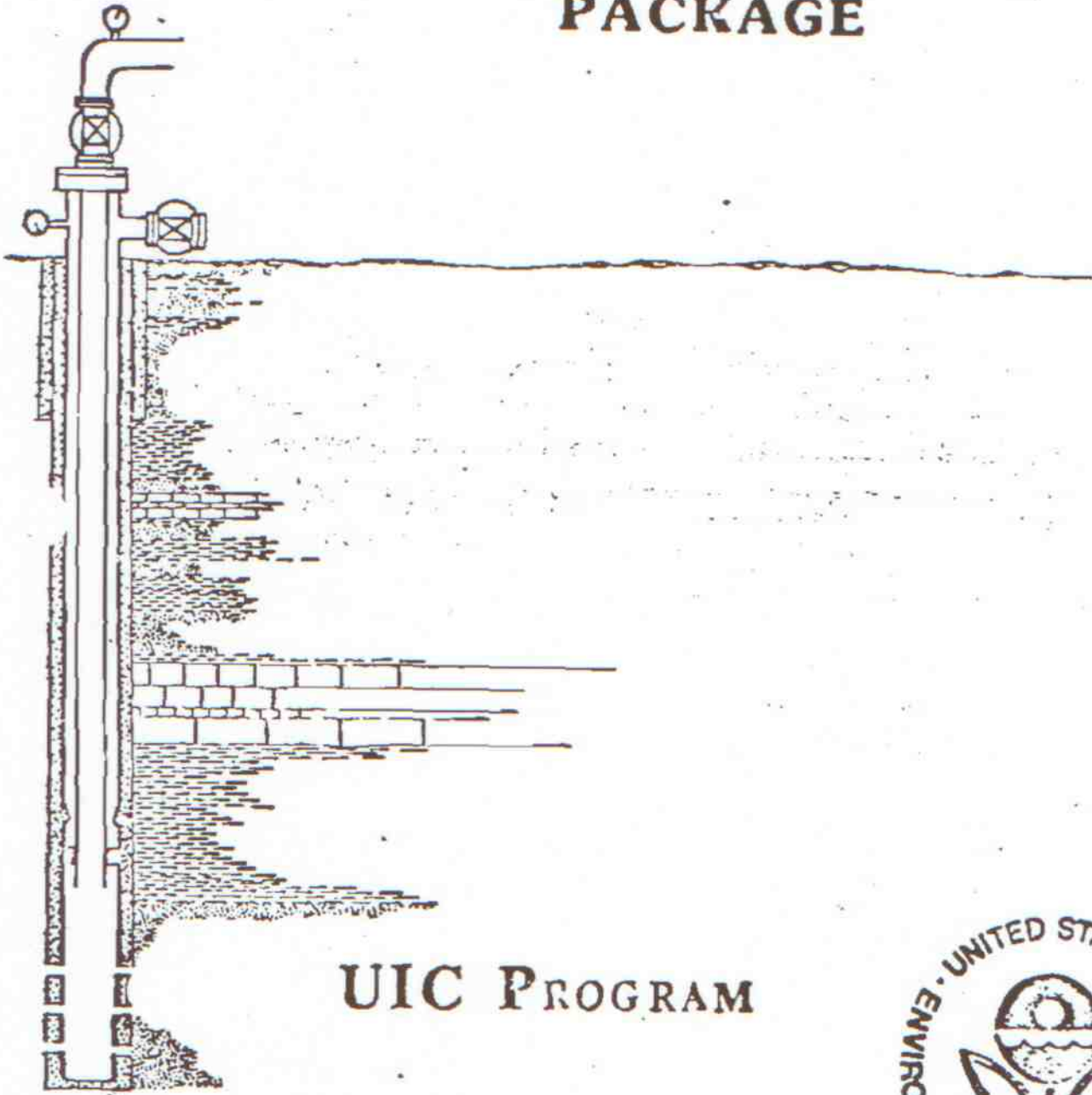


PERMIT APPLICATION PACKAGE



UIC PROGRAM



Introduction

Most injection wells which are currently operating on other Indian lands in Oklahoma are authorized by rule and need not apply for an individual permit. Wells in the following categories, however, must apply for and receive an EPA permit to construct or operate an oil and gas related injection well on other Oklahoma Indian lands:

1. Any well constructed or completed after November 25, 1988.
2. Any production well converted to an injection well after November 25, 1988.
3. Existing SWD wells must apply for a permit as scheduled by the RA, but no later than November 25, 1992.
4. Wells which the operator wishes to operate outside rule requirements (for example; at a higher pressure than authorized by rule).
5. Wells which were authorized by rule, but have been identified as:
 - a. being in violation of the rule, or
 - b. no longer within the category of rule authorized well, or
 - c. needing additional restrictions to protect underground sources of drinking water (USDW's).*

Please include or reference all the information requested in this package, so that we may quickly process your application and not delay your operations [A copy of this package will be immediately forwarded to the affected Tribal Government].

The application consists of either the Budget Bureau Form #1004-0135 (for conversions) or #1004-0136 (for new drilled) and additional required data listed on the "Permit Application Checklist". We have included blank tabulations, well schematic, data sheets and certifications which you may find convenient for providing some of the required data. At any time, if you have questions about the information requested, please call the Environmental Protection Agency in Dallas at (214) 655-7165. We will be happy to explain what is needed.

*Operators of wells in this category will receive a letter from the Environmental Protection Agency Dallas Office directing them to apply for a permit.

Well # _____
 Permit # _____
 Date Received : _____
 *EPA Authorization # _____

Permit Application Checklist

	<u>Attached</u>	<u>Not Attached</u>	
1.	_____	_____	1. Budget Bureau Form # 1004 - 0135 (Sundry Notices) or #1004 - 0136 (Application to Drill) (2 copies to EPA).
2.	_____	_____	2. Map using township-range-sections to show the location of wells within 1/2 mile (2640 ft.) of the proposed well.
3.	_____	_____	3. Tabulation of data on wells within 1/2 mile (2640 ft) that penetrate the injection interval including: _____ company and well name _____ deptn _____ location _____ date drilled _____ type of well and status _____ record of plugging and/or completion _____ corrective action plan for inadequately completed or plugged wells.
4.	_____	_____	4. Injection well schematic drawings of surface and subsurface details showing: (i) total depth plug-back depth, (ii) depth to top and bottom of injection interval, (iii) depth to top and bottom of casing and cemented interval, plus amount of cement, (iv) size of casing and tubing and depth of packer, and (v) hole diameter, (vi) all perforated intervals, and/or open hole interval

* Applicable to wells authorized by rule



- | | <u>Attached</u> | <u>Not Attached</u> | |
|-----|-----------------|---------------------|---|
| 5. | _____ | _____ | 5. Operating data including: <ul style="list-style-type: none"> (i) type of injection well (SWD or ER) (ii) maximum and average injection rate, (iii) maximum and average injection pressure, (iv) whether operations is cyclic or continuous, and (v) source and analysis of injected fluids including TDS, chlorides, and additives. |
| 6. | _____ | _____ | 6. Geologic data on the injection and confining zones, including faults, geological name, thickness, porosity, permeability, depth, current reservoir pressure or fluid level, water quality, and lithologic description. |
| 7. | _____ | _____ | 7. Verification of notice to the affected Tribal Government and list showing names and addresses of all owners of record of land within 1/4 of the well. |
| 8. | _____ | _____ | 8. All available logging and testing data on the well (for existing wells only). |
| 9. | _____ | _____ | 9. Proof of adequate financial responsibility. |
| 10. | _____ | _____ | 10. Certification form signed by well owner/operator or authorized representative (authorization must be in writing and copy attached). |

BLM 3160-3

3160-3
(Rev. 1983)
GPO 19-331C)

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0136
Expires August 31, 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

2. TYPE OF WELL
 OIL WELL GAS WELL OTHER SINGLE BORE MULTIPLE BORE

3. NAME OF OPERATOR _____

4. ADDRESS OF OPERATOR _____

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements*)
 At surface
 At proposed prod. zone

6. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* _____

7. DISTANCE FROM PROMISED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.
 (Also to nearest drg. unit line, if any)

8. NO. OF ACRES IN LEASE _____

9. NO. OF ACRES ASSIGNED TO THIS WELL _____

10. DISTANCE FROM PROMISED* LOCATION TO NEAREST WELL DRILLED OR COMPLETED, OR APPLIC. POS. ON THIS LEASE, FT.

11. PROPOSED DEPTH _____

12. LOGARY OR CABLE TOOLS _____

13. ELEVATIONS (Show whether DF, RT, GR, etc.) _____

14. APPROX. DATE WORK WILL START* _____

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

IN ABOVE SPACE DESCRIBE PROMISED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

15. _____

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

BLM 3160-5

Form 160-5
- Nov 1983
Formerly 9-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR _____

3. ADDRESS OF OPERATOR _____

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below)
At surface _____

5. LEASE DENOTATION AND SERIAL NO. _____

6. OPERATOR, ALLOTTEE, OR TRUST NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME _____

9. WELL NO. _____

10. FIELD AND POOL, OR WILDCAT _____

11. SEC. T. R. N. OR BLM AND
STATE OF AREA _____

12. COUNTY OR PARISH 13 STATE _____

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DT, ST, OR, etc.) _____

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO		SUBSEQUENT REPORT BY	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER LIFTING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE STIMULATION <input type="checkbox"/>	ALTERING Casing <input type="checkbox"/>
SHOOTING OF ACIDIZING <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OF ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLG'S <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

17. DESCRIBE PROPOSED OR COMPLETED OPERATION (Cite in detail pertinent details and give pertinent dates including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and angles pertinent to this work.)*

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

