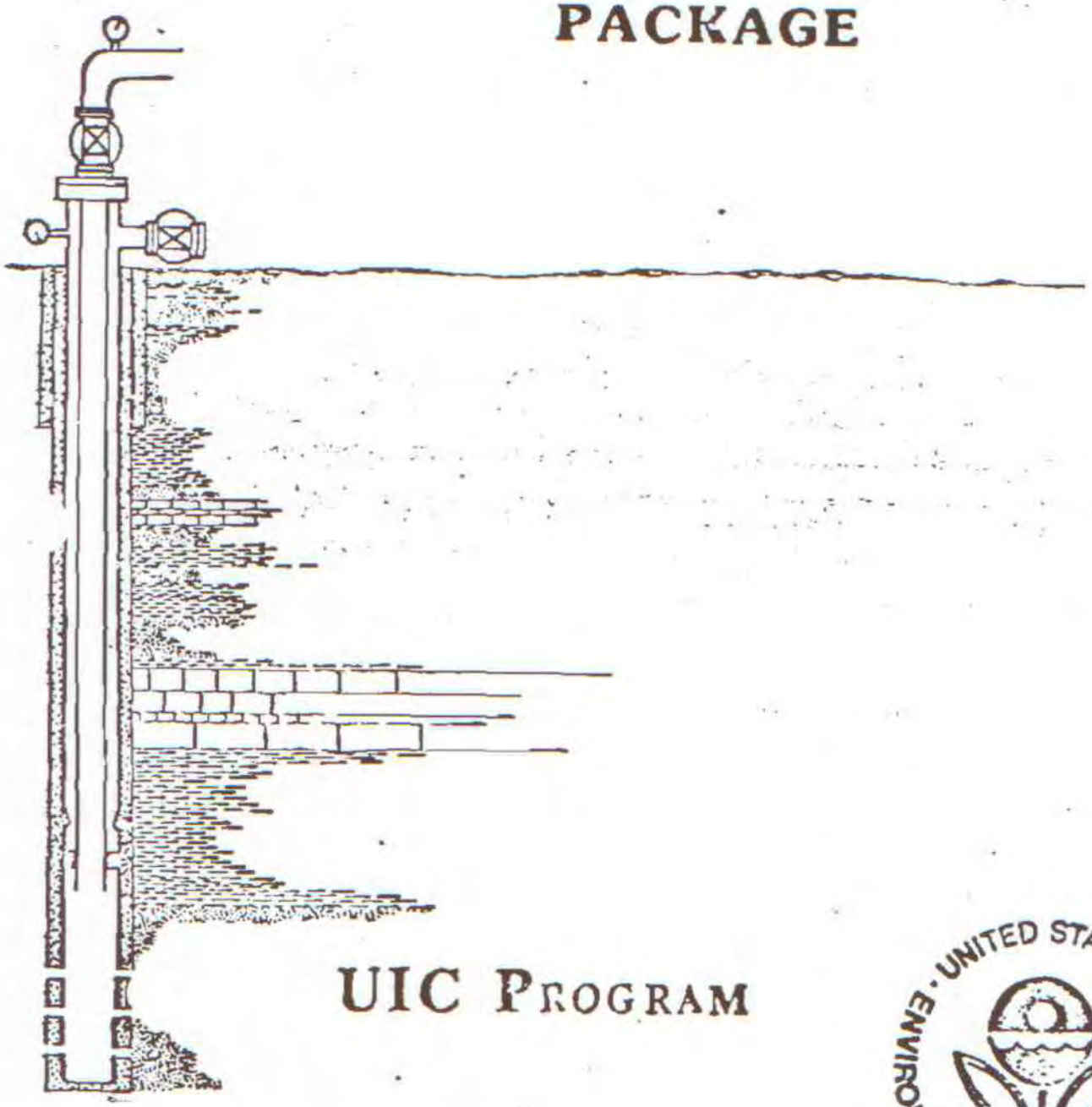
PERMIT APPLICATION PACKAGE



UIC PROGRAM

UNITED STATES · ENVIRONMENTAL PROTECTION AGENCY

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

Attached	Not Attached		
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 pentrate 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 injeciton 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

	Attached	Not Attached	
5.	_____	_____	5. Operating data including: (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 addressess 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
(1983)
(formerly 9-331C)

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

1a TYPE OF WORK — DRILL ☐ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL — OIL WELL ☐ GAS WELL ☐ OTHER — SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
At surface

At proposed prod. zone

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

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED TO THIS WELL

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

20. ROTARY OR CABLE TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

22. APPROX. DATE WORK WILL START*

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH | 13. STATE

23. PROPOSED CASING AND CEMENTING PROGRAM

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

IN ABOVE SPACE DESCRIBE PROPOSED 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.

24. etc.

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OTHER INDIAN LANDS

*See Instructions On Reverse Side

BLM 3160-5

3160-5
(November 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 DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all 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 zones 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.

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and data well site conditioned for final inspection looking to approval of the abandonment.

PRIVACY ACT

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et. seq., 351 et. seq., 25 U.S.C. et. seq.; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is to be used to evaluate, when appropriate, approve applications, and report completion of secondary well operations, on a Federal or Indian lease.

ROUTINE USES: (1) Evaluate the equipment and procedures used during the proposed or completed subsequent well operations. (2) Request and grant approval to perform those actions covered by 43 CFR 3162.3-2(2). (3) Analyze future applications to drill or modify operations in light of data obtained and methods used. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this notice and report and disclosure of the information is mandatory once an oil or gas well is drilled.

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501, et. seq.) requires us to inform you that:

This information is being collected in order to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

This information will be used to report subsequent operations once work is completed and when requested, to obtain approval for subsequent operations not previously authorized.

Response to this request is mandatory for the specific types of activities specified in 43 CFR Part 3160.

Government Printing Office:1983-776-000/4702 BS

INSTRUCTIONS

GENERAL: This form is designed for submitting proposals to perform certain well operations, as indicated, on all types of lands and leases for appropriate action by either a Federal or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

ITEM 1: If the proposal is to redrill to the same reservoir at a different subsurface location or to a new reservoir, use this form with appropriate notations. Consult applicable State or Federal regulations concerning subsequent work proposals or reports on the well.

ITEM 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

ITEM 14: Needed only when location of well cannot readily be found by road from the land or lease description. A plat, or plats, separate or on this reverse side, showing the roads to, and the surveyed location of, the well, and any other required information, should be furnished when required by Federal or State agency offices.

ITEMS 15 AND 18: If well is to be, or has been directionally drilled, give distances for subsurface location of hole in any present or objective production zone.

ITEM 22: Consult applicable Federal or State regulations, or appropriate officials, concerning approval of the proposal before operations are started.

NOTICE

The Privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 25 U.S.C. 396; 43 CFR Part 3160.

PRINCIPAL PURPOSE: The information is to be used to process and evaluate your application for permit to drill, deepen, or plug back an oil or gas well.

ROUTINE USES: (1) The analysis of the applicant's proposal to discover and extract the Federal or Indian resources encountered. (2) The review of procedures and equipment and the projected impact on the land involved. (3) The evaluation of the effects of proposed operation on surface and subsurface water and other environmental impacts. (4)(5) Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions, as well as routine regulatory responsibility.

EFFECT OF NOT PROVIDING INFORMATION: Filing of this application and disclosure of the information is mandatory only if the lessee elects to initiate drilling operation on an oil and gas lease.

The Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et seq) requires us to inform you that:

This information is being collected to allow evaluation of the technical, safety, and environmental factors involved with drilling for oil and/or gas on Federal and Indian oil and gas leases.

This information will be used to analyze and approve applications.

Response to this request is mandatory only if the lessee elects to initiate drilling operations on an oil and gas lease.

TABULATION OF WELLS WITHIN 1/2 MILE OF PROPOSED INJECTION WELL

Well Name_____ Company Name_____Date Drilled_____Depth_____

·ation_____ F___L & _____ F___L, _____/4, Sec._____, T_____N, R_____E Status_____

Elevation_____(GL/KB)

Hole Size (inches)	Casing Size (inches)	Landed Depth (feet)	Cement & Additives Data	Top of Cement (feet)	If well is TA or PA Deserihe How:

Formations open to wellbore:_____

****

Well Name_____ Company Name_____Date Drilled_____Depth_____

Location_____ F___L & _____ F___L, _____/4, Sec._____, T_____N, R_____E Status_____

Elevation_____(GL/KB)

Hole Size (inches)	Casing Size (inches)	Landed Depth (feet)	Cement & Additives Data	Top of Cement (feet)	If well is TA or PA Describe How:

Formatious opeu to wellborc:_____

****

Well Name_____ Company Name_____Date Drilled_____Depth_____

Location_____ F___L & _____ F___L, _____/4, Sec._____, T_____N, R_____E Status_____

Elevation_____(GL/KB)

Hole Size (inches)	Casing Size (inches)	Landed Depth (feet)	Cement & Additives Data	Top of Cement (feet)	If well is TA or PA Describe How:

Formations open to wellbore:_____

WELL SCHEMATIC

Operator _____

Completion Date: _____

Well Name: _____ Well # _____

_____ Ft. F ___ L & _____ Ft. F ___ L

_____ & Section ___ Twp. ___ Rg. _____

Surface Elevation _____

Formation(s) Top/Bottom
from PBTD to surface:

_____ _____/_____

_____ _____/_____

_____ _____/_____

_____ _____/_____

_____ _____/_____

_____ _____/_____

_____ _____/_____

Tubing Size: _____ In.

Weight: _____ lb./Ft.

Length: _____ Ft.

Packer Type: _____

Set at: _____ Ft.

Formation(s) perforated above packer:

_____ _____' to _____'

_____ _____' to _____'

Formation(s) perforated below packer:

_____ _____' to _____'

_____ _____' to _____'

_____ _____' to _____'

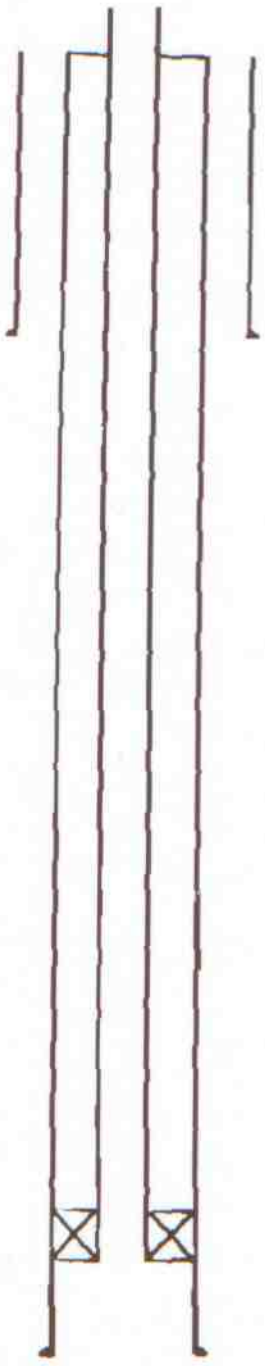
Open hole below production casing
from _____' to _____'

Formation(s) present in open hole:

_____

_____

_____



SURFACE CASING DATA

Hole Size: _____ In.

Casing Size: _____ In.

Weight: _____ lb/F

Length: _____ Ft.

Cement Type: Class _____

Amount: _____ Sx.

Additives: _____

Casing set at: _____ Ft.

Top of Cement: _____ Ft.

Method of
Determination: _____

PRODUCTION CASING DATA

Hole Size: _____ In.

Casing Size: _____ In.

Weight: _____ lb/F

Length: _____ Ft.

Cement Type: Class _____

Amount: _____ Sx.

Additives: _____

Casing Set at: _____ Ft.

Top of Cement: _____ Ft.

Method of
Determination: _____

PBTD: _____

TD: _____

NOTE: All depths are to be from ground level. If KB depths are used make notations on diagram & give height of KB above ground level.

Permit # _____

Well Completion and Operation Data

Type Injection Well: (EOR/SWD/HC Storage) (New/Conversion)

Injection: (Continuous/Cyclic)

Approximate # days operating/year _____
Rate (B/D): Average _____ Maximum _____
Wellhead pressure (psi): Average _____ Maximum _____
Fluid: TDS _____ Sp. Gr. _____ Analyses included: (yes/no)
Source (formation name) _____
Will anything be added to the water to be injected? (yes/no)
What will those additives be? _____

Geologic Data (all references to depths are below land surface)

Injection Interval: Top _____; Bottom _____; Effective Thickness _____
Formation name _____ Lithology _____
Porosity (%) _____ Current Reservoir Pressure _____ Date _____
Current Fluid Level in Well _____ ft. Date _____
Permeability (md) _____
Drill Stem Test Included: (YES) (NO)

Confining Zones: Thickness between injection zone and USDW _____
Lithology _____
Cumulative shale _____; thickest shale zone _____ (interval)
Faults: Are there any faults in the area of the well which penetrate the injection interval? (Yes/No)

Well Data: (all references to depths are below land surface)

Surface Elevation: _____ (KB/GL) Total (Depth/Plugged Back Depth) _____
Date Drilled or to be drilled _____
Type logs available on (this well/offset well): (By reference/included _____

Construction:	Size (in)	Depth Interval	Sacks of Cement	Hole Size	Cement Interval	How Detemined
Surface Csg.						
Intermediate Csg.						
Long String Csg.						
Liner						
Tubing			Packer type and depth			

Other Perforated Intervals _____

CERTIFICATION

I certify under the 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 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 possibilities of fine and imprisonment.

_____

Name

_____

Title*

*If certification is signed by a party other than the injection well owner/operator a written statement of authorization signed by the owner/operator must accompany the application.

STATEMENT OF AUTHORIZATION

I _____, hereby authorize _____
Injection Owner/Operator

to act in my behalf in executing the necessary forms including permit applications, compliance reports, etc., as required under the Environmental Protection Agency Uuderground Injection Control program.

_____
Signed (Owner/Operator)

_____
Date:

Revised 11/18/2003