



CLASS VI WELL PERMIT APPLICATION

OFFICE OF CONSERVATION
INJECTION & MINING DIVISION
617 N. Third St., 9th FLOOR
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UIC-60 CCS

TYPE ONLY

APPLICATION NO.
(FOR OFFICE USE ONLY)

1. APPLICATION TYPE: (Check One)		2. PROJECT NAME		
<input type="checkbox"/> DRILL AND COMPLETE NEW CLASS VI WELL <input type="checkbox"/> CONVERT AN EXISTING WELL TO CLASS VI				
3. OWNER/OPERATOR NAME			4. OPERATOR CODE	
5. OWNER/OPERATOR MAILING ADDRESS		6. FACILITY ADDRESS		
7. TELEPHONE NO		8. E-MAIL ADDRESS		
9. WELL NAME		10. WELL NO	11. WELL SERIAL NO (Well Conversions Only)	
WELL LOCATION INFORMATION				
12. FIELD NAME			13. FIELD CODE	
14. PARISH NAME		15. SECTION	16. TOWNSHIP	17. RANGE
18. LOCATION COORDINATES (GCS, NAD 27) LATITUDE: ° MIN SEC LONGITUDE: ° MIN SEC			19. STATE PLANE COORDINATES (LAMBERT, NAD 27) <input type="checkbox"/> NORTH ZONE <input type="checkbox"/> SOUTH ZONE X: Y:	
20. LEGAL LOCATION DESCRIPTION (FROM LOCATION PLAT):				

21. WELL CONSTRUCTION INFORMATION

CASING SIZE (IN)	HOLE DIAMETER (IN)	CASING WEIGHT (LB/FT)	CASING GRADE	CASING SETTING DEPTHS		TOTAL SACKS	SACKS CEMENT (Lead/Tail)	TYPE (Lead/Tail)	YIELD (CU FT/SACK) (Lead/Tail)	CEMENT TOP
				TOP	BOTTOM					

OTHER INFORMATION		
38. IS THE WELL OR PROPOSED AOR BOUNDARY LOCATED ON INDIAN LANDS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE FEDERAL GOVERNMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. IS THE WELL OR PROPOSED PLUME LOCATED ON STATE WATER BOTTOMS OR OTHER LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE STATE OF LOUISIANA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. IS THE WELL OR PROPOSED AOR BOUNDARY LOCATED ON LANDS OWNED BY OR UNDER THE JURISDICTION OR PROTECTION OF THE STATE OF ARKANSAS, THE STATE OF MISSISSIPPI, OR THE STATE OF TEXAS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
41. AGENT OR CONTACT AUTHORIZED TO ACT ON BEHALF OF THE APPLICANT DURING THE PROCESSING OF THIS APPLICATION		
NAME:		
COMPANY:		
MAILING ADDRESS:		
PHONE:		
EMAIL:		
42. CERTIFICATION BY WELL OWNER/OPERATOR (LAC 43:XVII.3605.E)		
<p>I certify that as the owner/operator of the injection well, the person identified in Item No. 41 above is authorized to act on my behalf during the processing of this application, to submit additional information as requested, and to give oral statements in support of this application. I will grant an authorized agent of the Office of Conservation entry onto the property to inspect the injection well and related appurtenances as per LSA-R.S. 30:4. I agree to operate the well in accordance with Office of Conservation guidelines. I further certify under penalty of law that I have 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 possibility of fine or imprisonment or both (LSA-R.S. 30:17).</p>		
PRINT NAME OF WELL OWNER/OPERATOR	TITLE OF COMPANY OFFICIAL	
DIGITAL SIGNATURE OF WELL OWNER/OPERATOR		