

STATE OIL AND GAS BOARD OF ALABAMA



Application for Permit to Inject Storage Gas

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Permit Number (To be filled in by Board) API Number

Form OGB-1D, Rev. 07/13
(File in triplicate)

Solution-mined Cavity

Reservoir Storage

Name of Operator _____ Date _____

Address _____ City _____ State _____ Zip _____

1. Well name and number		2. County	
3. Well Location (actual surface)	(give footage from nearest section or offshore tract lines)		Section-Township-Range or Tract
	Latitude (NAD27)	Longitude (NAD27)	
4. Facility		5. Elevation (ground)	
6. Nearest solution-mined cavity (If applicable)			
Permit no.		Distance (ft)	Total Depth (ft)
7. Date of OGB conceptual approval (Step 1)		8. Approximate date injection to begin	
9. Proposed injection fluid(s)	10. Source(s) of fluids		11. Estimated daily injection volume Min. Max.
12. Proposed injection formation Name Perfs		13. Formation fracture pressure gradient (psi/ft)	14. Anticipated injection pressure Avg. Max.
15. Base of fresh water (<10,000 mg/L TDS) Formation Subsea Depth		16. Base of significant aquiclude Formation Subsea Depth	
17. Last pressure test		18. If witnessed by agent of board, give name	
19. Person to contact regarding this application		Phone Number	
		Fax Number	
		E-mail Address	

Remarks:

Executed this the _____ day of _____, 20 _____ Signature _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL _____
My commission expires _____ Notary Public in and for _____
County, _____

ACTION OF STATE OIL AND GAS BOARD

Approved

Conditionally Approved

- SUBJECT TO:
1. All rules and regulations of the State Oil and Gas Board
 2. Additional conditions:

APPROVED BY _____ DATE _____