

ARKANSAS OIL AND GAS COMMISSION Submit Form To: El Dorado Regional Office P.O. Box 11510 El Dorado, Arkansas 71730

Form 36 A

Class II UIC Injection Well Permit Amendment

Note: This form is only for an amendment to an existing Class II UIC Injection Well Permit

B. Purpose of amendment: Increase injection Addition or Detector or well(s) connected to system. C. Operator Name:	Α.	Type of Well:	Non-Commercial Commercial		EOR Injection							
Address:	В.	Purpose of amendment:										
Address:	C.	Operator Name:										
Phone:												
List name, address and phone numbers of personnel responsible for disposal well operations:		City:		State:	Zip:							
D. Name of injection well: Permit no.: Well location (footage calls): Sec. Twp: Field: County: Lat. & Lon. (dd.dddd) Elevation: E Injection Formation(s) or Intervals: Name (if applicable) Depth from (subsea) to (subsea) Name (if applicable) Depth from (subsea) to (subsea) Injection Interval - Frac gradient: psi/ft. Method of determination: Contining layer(s): Name (if applicable): Depth from (subsea) to (subsea)		Phone:	Fax:									
Well location (footage calls):		List name, address and phone nu	umbers of personnel responsib	le for disposal well operation	S:							
Well location (footage calls):												
Well location (footage calls):												
Field:	D.	Name of injection well:			Permit no. :							
Lat. & Lon. (dd.dddd)		Well location (footage calls):			Sec Twp: Rge:							
E. Injection Formation(s) or Intervals: Name (if applicable)		Field:		Count	y:							
Name (if applicable)		Lat. & Lon. (dd.dddd)		Elevation	n:							
Name (if applicable)		Injection Formation(s) or Interv	vals:									
Name (if applicable)				Depth from (subsea)	to (subsea)							
Injection Interval - Frac gradient: psi/ft. Method of determination: Confining layer(s): Describe rock type: Name (if applicable): Depth from (subsea) Name (if applicable): Depth from (subsea) Name (if applicable): Depth from (subsea) Confining Interval - Frac gradient: Depth from (subsea) Confining Interval - Frac gradient: psi/ft. Method of determination: Total Thickness of Confining Layers:												
Confining layer(s):												
Name (if applicable):												
Name (if applicable):												
Confining Interval - Frac gradient: psi/ft. Method of determination: Total Thickness of Confining Layers:												
Attach type log indicating geologic formations currently used for injection, the confining layers and the freshwater supply. F. Injection Fluids: 1. Requested maximum injection pressure:					ethod of determination:							
F. Injection Fluids: 1. Requested maximum injection pressure:		Total Thickness of Confining Lay										
1. Requested maximum injection pressure: Justification for maximum injection pressure request (attach additional sheets, if necessary):		Attach type log indicating geologic formations currently used for injection, the confining layers and the freshwater supply.										
Justification for maximum injection pressure request (attach additional sheets, if necessary):	F.	Injection Fluids:										
2. Requested daily injection rate:bpd of produced fluid.		1. Requested maximum injection pressure:										
3. Describe general source and type of produced fluids to be injected:		2. Requested daily injection rate:			bpd of produced fluid.							
		3. Describe general source and type of produced fluids to be injected:										

G. Additional Requirements:

1. If the completion of the well has changed since the existing wellbore diagram was filed provide a wellbore diagram of the proposed or existing well showing total depth of the well, all casings and cementing of casings, and any obstructions within well, all plugs set, tubing and packer setting depth, and all perforations and or open hole intervals.

2. A map showing the location of all plugged and unplugged oil and gas wells, which penetrate the injection formation, within 1/2 mile radius from the proposed disposal well, and showing the status of each well as producing, shut-in, disposal, enhanced recovery, plugged and abandoned, or other well type.

3. The Applicant shall submit evidence that all plugged and unplugged wells which penetrate the injection formation, within the 1/2 mile radius of the injection well contain an adequate amount of cement and are constructed or plugged in a manner which will prevent the injection fluid and the fluid in the injection formation from entering USDWs.

Note: The AOR well information required in 2 and 3 above shall only be submitted if the existing AOR information is substantually changed or the existing AOR information has not been revised within the previous five (5) years.

4. Attach a list of all permit holders and wells which will utilize the proposed disposal well.

CERTIFICATE

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Signature

Date

Print Name

ITEM IV OF THE APPLICATION - ALL WELLS WITHIN A ONE-HALF MILE RADIUS OF PROPOSED INJECTION WELL

MAP ID Permit #	OPERATOR	LEASE NAME	LOCATION	S-T-R	DATE DRILLED	TOTAL DEPTH	FORMATION COMPLETED IN/P&A	PERFS	CASING	DEPTH SET	CEMENT SKS	STATUS	IF P&A PIPE PULLED?
	OF ERATOR			0-1-1	DIVICED	DEI III				ULI	ONO	UIAIUU	