

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
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FOR OFFICIAL USE ONLY
Record No.:
AOR Map Review:
USDW Review:
UIC Permit No.:

CLASS II WELL PERMIT APPLICATION FOR UNDERGROUND INJECTION CONTROL

- To Drill, Deepen, Conversion of Oil & Gas Well _____ to Injection Well.
 Previous Permit No. _____
- Injection Well Type: **ENHANCED RECOVERY INJECTION** **DISPOSAL**
 HYDROCARBON STORAGE
- Well Owner/Operator: _____
- Permanent Address: _____
- State: _____ Zip Code: _____ Street _____ Phone: _____ City _____ Email: _____
- Mineral Owner (Lessor): _____ Well Number: _____
- Address: _____
 Street _____ City _____ Zip _____ Phone _____ County _____
- Coordinates: _____
 FNL FEL FSL FWL SEC. _____ LTR. _____ NO. _____
- Approximate depth of Underground Source of Drinking Water (USDW): _____, measures to insure protection of USDW from injection operations are to be detailed (see question 19, section D).
- Name of Field: _____
- Name of Geologic Injection zone: _____ Depth: Top _____ Bottom _____
- Proposed Total Depth: _____, if existing well; plugged-back to depth of _____.
- Injection method: Through Perforations Packer on Tubing Assembly
- If packer on tubing assembly is used, depth packer is set: _____, not to exceed fifty (50) feet above injection zone.
- Estimated formation breakdown pressure: _____ psig.
- Detailed identification of materials to be injected, including additives: _____
 _____ (sample analysis to be attached).
- Surface Owner: _____
 (If Different from Mineral Owner) (Attach additional sheets as needed)
 Address: _____
 E-Mail Address: _____
- U.S.G.S. Quadrangle: _____
 Name _____ Map Year _____
- AOR (Area of Review) Attachments to be included with application:**
- A. Area of Review (AOR) means an area within not less than a fixed radius of one-fourth (1/4) mile around an injection well calculated to be in accordance with 40 CFR 146.06. To be attached to this application and identified on a section of USGS 7.5' Topographic Map on a minimum scale of 1"=2,000' showing proposed injection well(s) identified with a 1/4 mile radius circle identifying all producing wells, injection wells, water wells and dry holes within the AOR.
- B. List of wells in identified by well operator, permit number, well name and number within AOR.
- C. List of all Surface Landowners and addresses within AOR.
- D. Describe corrective measure to insure USDW's (Underground Sources of Drinking Water-Aquifers) are protected from injection zone in AOR.
20. If a corporation, indicate state of corporation: _____
 Is corporation registered with Kentucky Secretary of State? Yes No
21. **IF A PRIVATE INDIVIDUAL, SIGNATORY MUST BE SAME OR PROVIDE POWER OF ATTORNEY TO EXECUTE DOCUMENTS. WELL OPERATOR ASSUMES FINANCIAL RESPONSIBILITY TO SECTION 8 OF 805 KAR 1:110.**

 Signature of Applicant Title

 Print or Type Name of Applicant

Sworn to and subscribed before me this _____ day of _____, 20 _____

 Notary Public
 FORM ED-14 (8/07)

AREA OF REVIEW (AOR)

WELLBORE SCHEMATIC
As Required in 805 KAR 1:110 (11)(e)

STANDARD LABORATORY ANALYSIS OF INJECTED FLUID
As required in 805 KAR 1:110 (11)(g)(2)