PERMIT APPLICATION PACKAGE

OSAGE NATION UIC

FIRST NATIONAL BANK BLDG.
100 W. MAIN ST., STE. 304
PAWHUSKA, OK 74056
Tel: 918/287.5333
Fax: 918/287.5581

Most injection wells which are currently operating in Osage County are "Authorized By Rule" (ABR) and need not apply for an individual permit. However, wells in the following categories must apply for and receive an EPA permit to construct or operate oil and gas related injection wells in Osage County:

1. Any well constructed or completed after December 30, 1984;

2. Any ***production*** well converted to an injection well after December 30, 1984;

3. In a utilized operation, any new well which is not authorized by a pervious permit;

4. Wells which the operator wishes to operate outside rule requirements (e.g., at a higher pressure than authorized by rule.).

5. Wells which were authorized by rule but have not been identified as one of the following:
   A. being in violation of the rule;
   B. no longer within the category of rule authorized well;
   C. needing additional restrictions to protect underground source of drinking water (USDW's). ***

Please include or reference all the information requested in this package so that we may quickly process your application without delay. A copy of this application package will be immediately forwarded to the Osage Agency BIA and EPA. For additional copies of the permit package, please visit our website @ http://www.osagenation-nsn.gov and click on the Environmental & Natural Resources tab located on the right side of the page under Department Directory.

At any time, if you have questions about the information requested, please call our office at 918.287.5333. We will be happy to assist you.

******Operators of wells in this category will receive a letter from the Dallas EPA directing them to apply for a permit***.

To be completed by UIC Office

Well Name & No.:_____ Permit #:_____

Date Rec'd:_____

PERMIT APPLICATION CHECKLIST

	Attached	Not Attached	
1.	_____	_____	Osage Form 139, "Application for Operation or Report on Wells.
2.	_____	_____	Osage Form 208 "Completion Report".
3.	_____	_____	Copy of Plat Map showing wells within 1/4 mile radius of proposed well.
4.	_____	_____	Tabulation of data on wells within 1/4 mile radius including well name, company name, date drilled, depth, exact location, status of well & record of pluggings/completions.
5.	_____	_____	Injection well schematic showing total depth and plugback depth, depth from top & bottom of casing(s) & cemented intervals, cement amount, depth & size of casing & tubing, including depth of packer.
6.	_____	_____	Operating data including: type of well; maximum and average injection rate; source and analysis of injected fluids including TDS, chlorides and additives; major geological formation with top bottoms.
7.	_____	_____	Geological data of the injection zones including name(s), total thickness, porosity, lithologic description, permeability, injection depth, reservoir pressure/fluid level. Address the presence or absence of faults.
8.	_____	_____	Public Notice verifications, consisting of a list showing names, addresses, and date that notice of permit application was given or sent to the surface land owner, tenants of land where the injection well will be located, each operator of a producing lease within ½ mile of the well location.
9.	_____	_____	All available logging & testing data of the well attached.

	Attached	Not Attached	
10.	_____	_____	Copy of surety bond filed with the BIA superintendent (25 CFR §266.6).
11.	_____	_____	Certification form signed by the well owner/operator or authorized representative. (Authorization must be attached & in writing.)
12.	YES	NO	Has the applicant declared any part of his submission as confidential? {147.2907}
13.	YES	NO	Is the well currently Authorized by Rule? If yes, Inventory No._____.
14.	YES	NO	Was the applicant required by EPA to apply for a permit?
15.	YES	NO	Is the permit applicant the owner/operator. (Circle one or both.)
16.	YES	NO	Has the applicant requested emergency authorization to inject? If yes, attach emergency checklist.
17.	YES	NO	Berms and all facilities associated with saltwater system adequate?

_____ _____

Pawhuska Technician/Administrative Review Date

_____ _____

6W-SE Reviewer Date

Osage form No. 139
This page must be printed on blue.

UNITED STATES
DEPARTMENT OF INTERIOR
OSAGE INDIAN AGENCY
PAWHUSKA, OK 74056
APPLICATION FOR OPERATION OR REPORT ON WELLS

DATE: _____

_____ _____ _____
(Commencement money paid to whom) (Date) (Amount)

Well No._____ Is located _____ft. from (N/S) line and _____ft. from E/W line.

_____ _____ _____ Osage County, Oklahoma
(1/4 Section & No.) (Township) (Range)

The elevation of the (***surface / derrick floor***) above sea level is _____ft.
(Circle one)

USE THIS SIDE TO REQUEST AUTHORITY FOR WORK
(Three copies are required)

Notice of intention to:

Drill	**G**
Plug	**G**
Deepen or plug back	**G**
Convert	**G**
Pull or alter casing	**G**
Formation Treatment	**G**
Other_____	**G**

Details of Work

Drilling Application will state propose TD & Horizons to be tested. Show size & length of casing to be used. Plugging application shall set forth reasons for plugging & detailed statement of proposed work. Plugging will not commence for 10 days following approval date unless authority granted.

Well production prior to work _____bbls.
Oil _____bbls.
Wtr. /24hrs

I understand that this plan of work much receive approval in
writing from the Osage Indian Agency before operations may be commenced.

Lessee:_____

Signature:_____

Title:_____

Address:_____

City/State/Zip:_____

Phone no:_____

USE THIS SIDE TO REPORT ON WORK COMPLETED
(One Copy)

Character of well (whether oil, gas or dry) _____

Subsequent report of:

Conversion	**G**
Formation treatment	**G**
Altering casing	**G**
Plugging back	**G**
Plugging	**G**

Details of Work & Results Obtained

Work commenced on:_____

Work completed on:_____

This block for plugging information only

CASING RECORD

SIZE	IN HOLE WHEN STARTED	AMOUNT RECOVERED	IF PARTED DEPTH	IF PARTED HOW

Lessee:_____

By:_____

Subscribed and sworn to me on the ____day of

_____ , _____

_____ _____
Notary Public Comm. Exp.

Form 208 (1972)

Spot well on plat.

Oil, Gas, SWD, Dry, etc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
OSAGE AGENCY
PAWHUSKA, OK 74056
Report of Completed & Deepened Wells
Within the Osage Reservation

One original report must be filed within 10 days after completion of well.

Company Operating:_____ Address:_____

Lessee:_____ Lessor: **OSAGE TRIBE**

Well No.:_____ ¼_____ Section_____ Township_____ Range_____ Farm Name_____

KB_____

Elevation DF_____

Well located_____feet from { N / S } line, _____feet from { E / W } line. GL_____

Elevation and location surveyed by: _____

Drilling contractor(s):_____Began _____Finished_____

Rotary drilled interval & bit size(s):_____

Cable drilled interval & bit size(s): _____

Casing used in drilling			**Casing left in hole**			**Cement used, include gel & additives**	
Length	**Size**	**Weight**	**Thread**	**Length**	**Landed**	**Interval cemented**	
_____**ft.**	_____**ins.**	_____**lbs./ft.**	_____**/in.**	____**ft.**	_____**ft.**	_____	_____**to** _____
_____**ft.**	_____**ins.**	_____**lbs./ft.**	_____**/in.**	____**ft.**	_____**ft.**	_____	_____**to** _____
_____**ft.**	_____**ins.**	_____**lbs./ft.**	_____**/in.**	____**ft.**	_____**ft.**	_____	_____**to** _____

Intervals performated holes _____to _____; _____holes _____to _____;_____holes _____to_____

Intervals left open _____: Intervals shut off & methods _____

Plug back depth _____ Packer set? YES / NO Setting Depth _____ Packer left in? YES / NO

How were fresh water & other zones protected? _____

INITIAL PRODUCTION BEFORE TREATMENT

Flow_____ Pump _____ Swab _____ Bail _____ ***Initial Potential Rate for 24 Hour Period***

Casing _____ Tubing _____ Choke size _____ Oil _____bbls. Gas _____ MMCF, Water _____bbls.

Duration of test __ hrs. Gravity ____ API SICP _____psi SITP _____psi

Formation treatment (shot, acid, fracture, etc.). Indicate amount of materials used (i.e., nitro, sand, water, acid or other).

_____ _____feet to _____

_____ _____feet to _____

_____ _____feet to _____

INITIAL PRODUCTION AFTER TREATMENT & RECOVERY OF LOAD

Flow _____ Pump _____Casing _____Tubing _____choke size _____ ***Initial Potential Rate for 24 Hr. Period***

Duration of test _____hrs., Gravity _____API Oil _____bbls. Gas _____ MMCF, Water _____bbls.

Location fee paid _____ Date _____ Amount $_____

Signature: _____ Position with Lessee _____

TABULATIONS OF WELLS WITHIN ¼ MILE RADIUS OF PROPOSED INJECTION WELL

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 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 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:_____ Well Name & No.:_____
Completion Date: _____ _____ft. {N / S} line and _____ft. from {E / W}
_____ ¼ Section __Township ___ Range_____

Surface Elevation: _____

Tubing Size: _____
Weight: _____
Length: _____

Packer Type:_____
Set at:_____

Formation(s) perforated above packer:_____to_____;
_____To_____
Formation(s) perforated below packer:_____to_____;
_____To_____

Open hole below production Casing from _____to_____
Formation(s) present in open hole:_____

SURFACE CASING DATA

Hole size: _____inches

Casing size: _____inches

Weight:_____ lb/ft.

Length:_____ ft.

Cement type: Class _____

Amount:_____ sx.

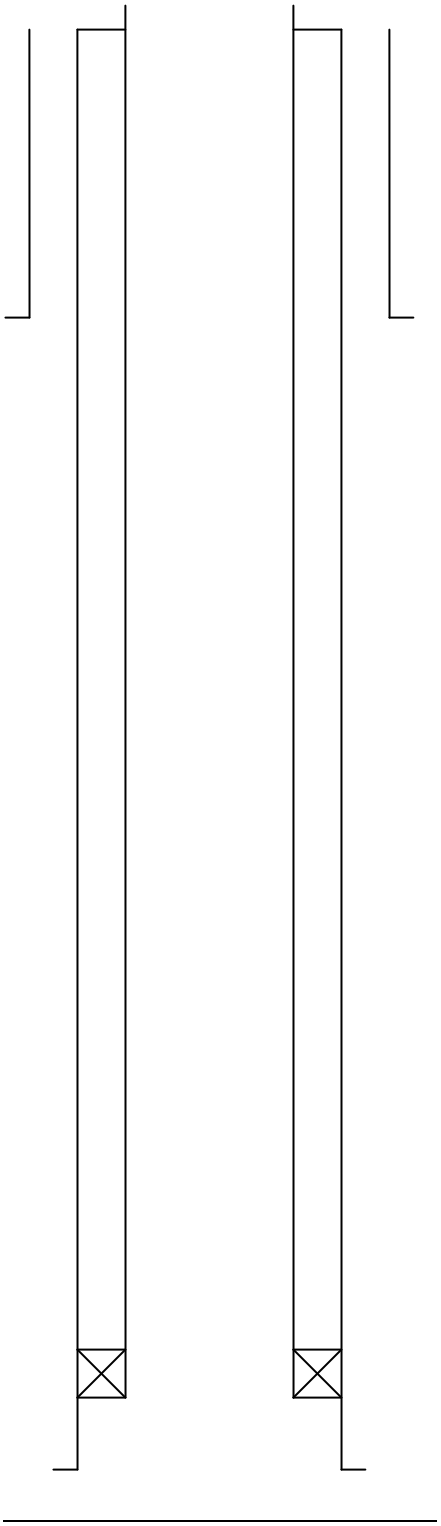
Additives:_____

Casing set at:_____ ft.

Top of cement:_____ft.

Method of determination____

_____



INTERMEDIATE LINER/CASING
Hole size:_____ inches
Casing size:_____ inches
Weight:_____ lb/ft.
Length:_____ ft.
Cement type: Class_____
Amount:_____ sx.
Additives:_____
Casing set at:_____ft.
Top of cement:_____ ft.
Method of determination____
_____

PRODUCTION CASING DATA
Hole size:_____ inches
Casing size:_____ inches
Weight:_____ lb/ft.
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 and height of KB ***above ground level.***

WELL OPERATION & GEOLOGICAL DATA

Permit Number_____

(for Osage UIC use only)

Type of Injection Well:_____ (New / Conversion / Authorized By Rule)

(EOR / SWD/ HC Storage)

Injection:

Rate (B/D): 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 Intervals:_____ to_____;_____ to_____.

Formation Name_____ Lithology_____ Porosity (%_____

Permeability (md)_____ Total formation thickness_____

Perforated or open hole interval_____

Formation Name_____ Lithology_____ Porosity (%)_____

Permeability (md)_____ Total formation thickness_____

Perforated or open hole interval_____

Current Fluid Level in Well _____ft. (below land surface) and / or

Current Reservoir Pressure_____ Date_____

Drill Stem Test (Yes / No) If yes, attach copy.

Depth of nearest fresh water well(s)_____ ft.

Facilities Associated with Injection Well:

Adequate Berm around tank battery? (Yes / No)

Leaking Flow Lines? (Yes / No)

Formation:

Top/Bottom From PBTD to Surface.

_____ _____/_____

_____ _____/_____

_____ _____/_____

_____ _____/_____

_____ _____/_____

APPLICANT'S PUBLIC NOTICE OF PERMIT AND VERIFICATION
(§147.2918 (b) (s) and §147.2929 (d) (ii)

_____ is applying for a permit for a Class II
(Operator Name)
injection well. Well No._____ is located _____ ft. from [N S] line and
_____ ft. from [E W] line. _____
(1/4 Sec. & Sec. No.) (Twp.) (Rge.)
The well will be used to inject_____ into the _____
(Fluid Type) (Formation Name)
for (disposal/enhanced recovery). The well operator's address is _____
_____
(Street/P.O. Box/City/State/Zip Code)

EPA may prepare a draft permit or a notice of intent to deny this application. Following the preparation of a draft permit or intent to deny, there will be an opportunity for public comments. For further information concerning the status of this application, please contact:

Osage UIC Office
100 W. Main, Suite 304
Pawhuska, Oklahoma 74056
Phone: (918) 287-5333
Fax: (918)-287-5581

Notice Sent To: (Surface Owner/Tenant/Operator) Circle one

_____
Name

_____
Address

_____
City / State / Zip Code

I certify that the surface owner(s), the tenants on land where the injection well is located, and each operator of a producing lease within one-half mile of the well location was mailed a copy of this notice as required by 40 CFR $147.2918.

_____ _____
(Owner/Operator Signature) (Date of Notice)

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 _____ to act in my behalf in executing any necessary forms, to include Permit Applications, Compliance Reports, etc., as required by the Environmental Protection Agency Underground Injection Control Program.

_____
Printed Name

_____
Signature

_____
Title

_____
Date