

**STATE OF UTAH**  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

UIC FORM 1

**APPLICATION FOR INJECTION WELL**

Name of Operator	Utah Account Number N	Well Name and Number
Address of Operator <small>CITY STATE ZIP</small>	Phone Number	API Number
Location of Well Footage : County : QQ, Section, Township, Range: State : UTAH		Field or Unit Name Lease Designation and Number

Is this application for expansion of an existing project? Yes  No

Will the proposed well be used for:	Enhanced Recovery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Disposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Storage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is this application for a new well to be drilled? Yes  No

If this application is for an existing well, has a casing test been performed? Yes  No   
Date of test: \_\_\_\_\_

Proposed injection interval: from \_\_\_\_\_ to \_\_\_\_\_

Proposed maximum injection: rate \_\_\_\_\_ bpd pressure \_\_\_\_\_ psig

Proposed injection zone contains oil , gas , and / or fresh water  within 1/2 mile of the well.

List of attachments: \_\_\_\_\_  
\_\_\_\_\_

**ATTACH ADDITIONAL INFORMATION AS REQUIRED BY CURRENT  
UTAH OIL AND GAS CONSERVATION GENERAL RULES**

I hereby certify that this report is true and complete to the best of my knowledge.

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **INSTRUCTIONS**

This form shall be submitted by the well operator prior to the commencement of operations for injecting any fluid into a well for the purpose of enhanced recovery, disposal, or storage within the state of Utah, in accordance to the Utah Oil and Gas Conservation General Rules. Approvals or orders authorizing injection wells shall be valid for the life of the well, unless revoked by the board for just cause, after notice and hearing.

Send to:

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Salt Lake City, Utah 84114-5801

Phone: 801-538-5340

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