

Permit Application to
**CREATE, OPERATE, AND MAINTAIN A
 BRINE MINING FACILITY**

H-2

12/98

READ INSTRUCTIONS ON BACK

IDENTIFICATION

1. Operator Name, exactly as on P-5 Organization Report		2. RRC Brine Permit No., if assigned		3. RRC District No.		4. Permit Type <input type="checkbox"/> new	
5. Operator Address, including city, state, and zip		6. Field Name (proration schedule name of field geographically nearest facility site)				<input type="checkbox"/> amended	
		7. Lease Name, as on proration schedule, if assigned				<input type="checkbox"/> renewal	
8. Operator P-5 No.		9. County of facility location		10. Date Well Drilled		11. API No. 42-	
12. Lease No.		13. Is above operator also facility owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. What type entity is the operator? <input type="checkbox"/> federal <input type="checkbox"/> state <input type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> other			15. Well No.
16. Facility Address						17. Facility Name	
18. Facility is to be located _____ miles _____ direction from _____ (nearest post office or town) _____ section _____ block _____ survey _____ abstract no.							

CASING AND TUBING DATA. For additional casing strings, attach continuation sheet in same format.

Casing	Size	Setting Depth	Grade	Weight lb/ft	Hole Size	Cement			
						Type	# of Sacks	Top	Top Determined by
19. Surface									
20. Intermediate									
21. Long									
22. Tubing (hanging string)		string 1 size & depth				string 2 size & depth			

INJECTION AND OTHER DATA

23. Name of injection formation or dome		Type <input type="checkbox"/> domal <input type="checkbox"/> bedded	24. Depth of well (TD)	
25. Injection is through <input type="checkbox"/> tubing <input type="checkbox"/> casing-tubing annulus		26. Injection interval from _____ to _____		27. Depth of field's shallowest zone productive of oil/gas
28. Source of mining water <input type="checkbox"/> groundwater <input type="checkbox"/> surface water		29. Multi-well system? (separate injection and production wells) <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Depth to base of deepest usable-quality groundwater
31. Number of brine mining pits		Have H-11 forms been submitted for pits? <input type="checkbox"/> Yes <input type="checkbox"/> No		32. Anticipated injection rates (bbl/day) average _____ maximum _____
33. Use of produced brine		34. Anticipated injection pressures (psi) average _____ maximum _____		

CERTIFICATION : I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or who are directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

_____ signature

_____ name (type or print)

_____ title

_____ phone no. w/ area code

_____ date

RRC use only