

READ INSTRUCTIONS ON BACK

1. OPERATOR NAME, exactly as shown on P-5 Organization Report		2. OPERATOR P-5 NO.	3. RRC DISTRICT NO. AND COUNTY
4. MAILING ADDRESS, including city, state and zip code		5. METHOD OF RECOVERY TO BE USED <input type="checkbox"/> waterflood <input type="checkbox"/> alkaline (caustic) flooding <input type="checkbox"/> cyclic steam injection <input type="checkbox"/> in situ combustion <input type="checkbox"/> miscible fluid displacement <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> microemulsion, or micellar/emulsion, flooding <input type="checkbox"/> carbon dioxide augmented waterflooding <input type="checkbox"/> polymer augmented waterflooding <input type="checkbox"/> immiscible carbon dioxide displacement <input type="checkbox"/> steam drive injection <input type="checkbox"/> gas injection	
6A. TYPE OF ENHANCED RECOVERY PROJECT (NEW) See Inst. 3 <input type="checkbox"/> initial enhanced recovery project – secondary <input type="checkbox"/> tertiary operation superseding secondary project <input type="checkbox"/> initial enhanced recovery project - tertiary			
6B. TYPE OF ENHANCED RECOVERY PROJECT (EXPANDED) See Inst. 3 <input type="checkbox"/> different secondary method for existing secondary project <input type="checkbox"/> different tertiary method for existing tertiary project <input type="checkbox"/> expansion of secondary project <input type="checkbox"/> expansion of tertiary project			
7. If this project is to be a change from an existing process, give the following: a. previous method _____ b. previous fluid injected _____			
8. FLUID TO BE INJECTED <input type="checkbox"/> saltwater <input type="checkbox"/> brackish water <input type="checkbox"/> fresh water <input type="checkbox"/> natural gas <input type="checkbox"/> polymer <input type="checkbox"/> air <input type="checkbox"/> LPG <input type="checkbox"/> nitrogen <input type="checkbox"/> CO ₂ <input type="checkbox"/> other (specify) _____			
9. Estimated average volume(s) of the fluid(s) to be injected in the project (MCF/day or BBL/day). See Inst. 4(d)			10. Estimated average injection pressure (psig)
11. Est. ultimate additional production from proposed project		a. Oil (bbls)	b. Gas (MMCF)
12. Est. total value of additional production from proposed project		a. Oil \$	b. Gas \$
13. Estimated costs of implementing this project		a. machinery \$	b. project total \$
14. Anticipated date for injection to begin		15. Will the project contain more than one lease YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, attach sheet(s) covering No. 17-22 below in same format for other lease(s)	
16. Total anticipated _____ leases _____ producing wells _____ injection wells _____		17. FIELD NAME, exactly as shown on Proration Schedule	
18. LEASE OR UNIT NAME, exactly as shown on Proration Schedule		19. LEASE NO.	
20. Has a unitization agreement for this property been approved by the RRC? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, give order no. and date _____ If NO, is unitization needed? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, see Instr. 7			
21. INJECTION AUTHORITY (Complete one or more of the following) a. has already been granted under project no. F- _____ with an initial authority date of _____ for the following wells on above lease or unit: _____ b. has been applied for (date) _____ under project no. _____ (if available) F- _____ but has not yet been granted for the following wells on above lease or unit: _____ c. has not yet been applied for but is anticipated for the following wells on above lease or unit: _____			
22. LEASE PRODUCTION AND INJECTION HISTORY. For the above lease or unit, attach graphs and supporting data that will show the following on a monthly basis for each of the preceding five years: oil, casinghead gas and water production; number of producing wells; and, if applicable, number of injection wells, and volume(s) of fluid(s) injected. (see Inst. 5 for additional data necessary for expanded projects)			
23. PROJECT PLAT. Attach to this application a plat of the entire project according to Inst. 4(a)			
I declare under penalties prescribed in Sec. 91.143 Texas Natural Resources Code, that I am authorized to make this application, that it was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge. Signature _____ Title _____ Name (Print or type) _____ Date _____ Phone (_____) _____			
RRC USE ONLY		APPLICATION: <input type="checkbox"/> approved <input type="checkbox"/> denied Action Date _____	
		Technical Examiner: _____	