

PERMIT APPLICATION PACKAGE



OSAGE NATION UIC

100 W. MAIN ST., STE. 304

PAWHUSKA, OK 74056

Phone: 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 previous 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 EPA. For additional copies of the permit package, please visit our website @ www.osagenation-nsn.gov 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.***

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 1/2 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.

(1/4 Section & No.) (Township) (Range) Osage County, Oklahoma
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
- Plug
- Deepen or plug back
- Convert
- Pull or alter casing
- Formation Treatment
- Other _____

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
- Formation treatment
- Altering casing
- Plugging back
- Plugging

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	HOW

Lessee: _____
By: _____
Subscribed and sworn to me on the ____ day of _____, _____

Notary Public _____ Comm. Exp. _____

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



Spot well on plat.

Oil, Gas, SWD, Dry, etc.

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

Company Operating: _____ Address: _____

Lessee: _____ Lessor: **OSAGE TRIBE**

Well No.: _____ 1/4 _____ 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 perforated 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: _____
Completion Date: _____

Well Name & No.: _____
_____ 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 _____

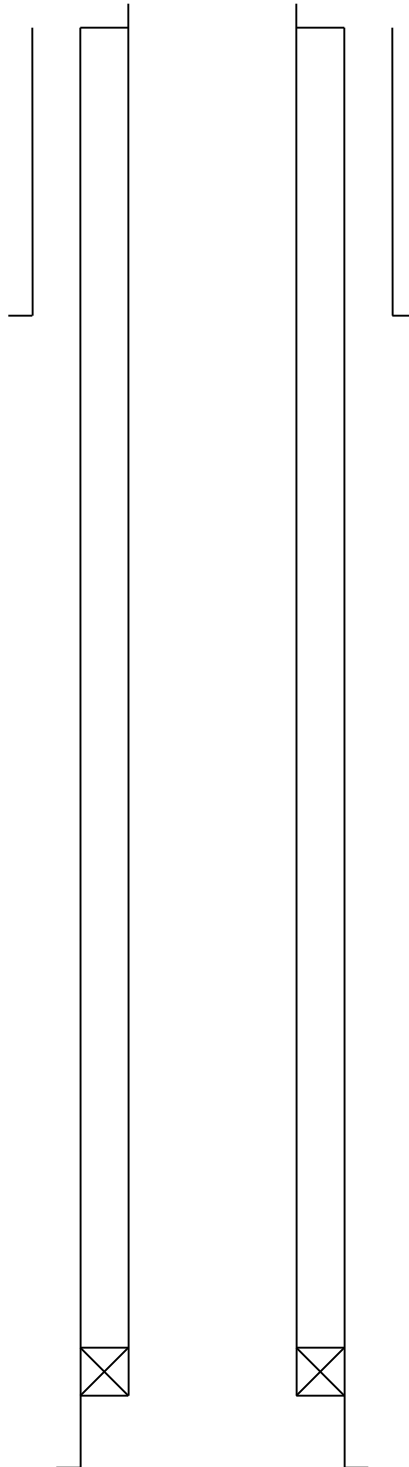
Open hole below production
Casing from _____ to _____
Formation(s) present in open
hole: _____

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

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