Type or Print Only
483-047

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division

Form G-1
Rev. 08/2013

API No.: 42-

7. RRC District No.

8. RRC Gas ID No.

# Gas Well Back Pressure Test, Completion or Recompletion Report, and Log

1. FIELD NAME (as per RRC Records or Wildcat)

2. LEASE NAME

9. Well No.

3. OPERATOR'S NAME (Exactly as shown on Form P-5, Organization Report)

RRC Operator No.

10. County of well site

4. ADDRESS

11. Purpose of filing
A. Producers
Initial Potential ☐
Retest ☐
Reclass ☐
Well Record Only ☐
(Explain in Remarks)
B. Injection/Disposal/ Storage/Brine Mining
Initial Completion ☐
Reclass ☐
Well Record Only ☐
(Explain in Remarks)

5a. Location (Section, Block, and Survey)

5b. Distance and direction to nearest town in this county

6. Location of well, relative to the nearest lease boundaries on which this well is located: Feet from ____ Line and ____ Feet From ____ Line of the ____ Lease

12. Completion or recompletion date

13. If workover or reclass, give former field (with reservoir) & Gas ID or Oil Lease No.

14. Type of electric or other log run

| FIELD & RESERVOIR | GAS ID or OIL LEASE # | Injection/ Disposal | Oil-O Gas-G | Other | Well # |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

15. Any condensate on hand at time of workover or recompletion? ☐ YES ☐ NO

Well Latitude/Longitude:

Latitude/Longitude Type:

## GAS MEASUREMENT DATA

16. Date of test

17. Gas Measurement Method (Check One)
Orifice Meter ☐ ▶ Flange Taps ☐ Pipe Taps ☐ Positive Choke ☐ Orifice Vent Meter ☐ Pilot Tube ☐ Critical Flow Prover ☐

18. Gas production during test ____ MCF

| Run | Line Size | Orif. or Choke Size | 24 hr Coeff. Orif. or Choke | Static $P_m$ or Choke | Diff $h_w$ | Flow Temp °F | Temp $F_{tf}$ | Gravity $F_g$ | Compress $F_{pv}$ | Volume MCF/DAY |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |

19. Did you preflow for 48 hours? ☐ YES ☐ NO

## FIELD DATA AND PRESSURE CALCULATIONS

| 20. Gravity (Dry Gas) | 21. Gravity Liquid Hydrocarbon Deg. API | 22. Gas-Liquid Hyrdo Ratio CF/Bbl | 23. Gravity of Mixture $G_{mix}$= | 24.Avg Shut-in Temp °F | 25. Bottom Hole Temp. °F (Depth) |
|---|---|---|---|---|---|
| | | | | | |

| Run No. | Time of Run (Min) | Choke Size | Wellhead Press. $P_W$ PSIA | Wellhead Flow Temp. °F | Run No. | Time of Run Min | Choke Size | Wellhead Press. $P_W$ PSIA | Wellhead Flow Temp. °F |
|---|---|---|---|---|---|---|---|---|---|
| Shut-In | | | | | 3 | | | | |
| 1 | | | | | 4 | | | | |
| 2 | | | | | Shut-In Bottomhole Pressure (optional): | | | | |

## DATA ON WELL COMPLETION

26. Type of Completion
☐ New Well ☐ Re-entry ☐ Side Track ☐ Other
☐ Deepening ☐ Plug Back ☐ Recompletion

27. Permit to Drill Plug Back or Deepen — DATE — PERMIT NO.

28. Notice of Intention to Drill This Well Was File in the Name of

Rule 37 Exception — DATE — CASE NO.

29. Number of producing wells on this lease in this field (reservoir) including this well

30. Total number of acres in this lease

Water Injection Permit — DATE — PERMIT NO. F-

Salt Water Disposal Permit — DATE — PERMIT NO.

31. Date Plug Back, Deepening Workover or Drilling Operations — Commenced — Completed

32. Distance to nearest well, Same Lease & Reservoir

Other — DATE — PERMIT NO.

33. Elevation (DF, RKB, RT, GR, etc.)

34. Was directional survey made other than inclination (Form W-12)? ☐ YES ☐ NO

| 35. Top of Play TVD | MD | 36. Total Depth TVD | MD | 37. P.B. Depth TVD | MD | 38. Surface Casing Determined by: | Field Rules ☐ | Recommendation of G.A.U ☐ | SWR 13 Exception ☐ | Date Of | Depth |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

39. Rotation Time Within Surface Casing (Hours)

40. Is well multiple completion? ☐ YES ☐ NO

42. Is Cementing Affidavit (W-15) attached? ☐ YES ☐ NO

41. If multiple completion, list all reservoir names (completions in this well) and Oil Leas or Gas ID No.

| FIELD & RESERVOIR | GAS ID or OIL LEASE # | Injection/ Disposal | Oil-O Gas-G | Other | Well # |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

API No.: 42-

**43. CASING RECORD**

| Row | Type of Casing (conductor, surface, intermediate, production, or other) | Hole Size Inches & Fractions | Casing Size Inches & Fractions | Setting Depth(ft.) | Multi-Stage Tool Depth(ft.) | Multi-Stage Shoe Depth(ft.) | Cement Type | Cement Amount (Sacks) | Slurry Volume cu. ft. | Top of Cement | Top of Cement Determined by |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |

**44. LINER RECORD**

| Row | Liner Size Inches & Fractions | Hole Size Inches & Fractions | Liner Top (ft.) | Liner Bottom (ft.) | Cement Type | Cement Amount (sacks) | Slurry Volume cu. ft. | Top of Cement | Top of Cement Determined By |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |

**45. TUBING RECORD**

**Does this well currenlty have tubing set?** ☐ YES ☐ NO

If NO, Explain in Remarks.

| Size | Depth Set | Packer Set |
|---|---|---|
| | | |
| | | |
| | | |

**Does this well currently have a completion interval?** ☐ YES ☐ NO

**46. PRODUCING/INJECTION/DISPOSAL INTERVAL**

Indicate depth of perforation or open hole (MD)

NOTE: From and To are for Measured Depth for Horizontals.

| | | |
|---|---|---|
| L1: From | To | |
| L2: From | To | |
| L3: From | To | |
| L4: From | To | |
| L5: From | To | |

**ACID, SHOT, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUGS, ETC.**

| 47. Is well equipped with an actuation valve? ☐ YES ☐ NO If yes, provide actuation pressure (PSIG) | 48. Production casing test pressure pressure (PSIG) prior to hydraulic fracturing treatment | 49. Was hydraulic fracturing treatment performed? ☐ YES ☐ NO | 50. Actual maximum pressure (PSIG) during hydraulic fracturing | 51. Has the Hydraulic Fracturing Fluid Disclosure been reported to FracFocus Disclosure Registry (SWR 29)? ☐ YES ☐ NO |
|---|---|---|---|---|

| Depth Interval (ft.) | | Amount and Kind of Material Used | Cast Iron Bridge Plugs |
|---|---|---|---|
| From | To | | |
| From | To | | |
| From | To | | |

**52. FORMATION RECORD** (List Depths of Principal Geological Markers, Formation Tops to Include Permitted Disposal/Injection Formations, Productive Zones, Potential Flow Zones, and Corrosive Formation Fluid Zones within 1/4 Mile Radius of Wellbore.)

| Formations | Depth TVD | Depth MD | Indicate if formation is a permitted disposal/injection zone, productive zone, potential flow zone, or a zone with corrosive formation fluids. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**53. Are the producing intervals of this well associated with a non-exempt hydrogen sulfide field (SWR 36)?** ☐ YES ☐ NO

**54. Is the completion being down-hole commingled (SWR 10)?** ☐ YES ☐ NO

**55. Shallowest Known Disposal/Injection Zone, Productive Zone, Potential Flow Zone, or Zone With Corrosive Formation Fluids**

Formation:

Depth: TVD MD

**REMARKS:**

**WELL TESTER'S CERTIFICATION:** I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I conducted or supervised this test and that data and facts shown in Sections I and II above are true, correct, and complete, to the best of my knowledge. Bottomhole temperature and the diameter and length of flow string were furnished by the operator of the well.

**Is the operator on this packet also the tester?** ☐ YES ☐ NO (If No, Please enter the Tester Information below:)

Signature: Well Tester _____ Printed Name _____ Name of Company _____

**OPERATOR'S CERTIFICATION:** I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that I prepared or supervised and directed this report, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Signature: Operator's representative _____ Title _____ Tel: _____ Area Code Number

Printed Name _____ E-mail (Optional) _____

# RAILROAD COMMISSION OF TEXAS
# OIL AND GAS DIVISION

**Form H-1**
Rev. 08/2013

## APPLICATION TO INJECT FLUID INTO A RESERVOIR PRODUCTIVE OF OIL OR GAS

1. Operator Name _____ 2. Operator P-5 Number _____
(as shown on P-5, Organization Report)

3. Operator Address _____

4. County _____ 5. RRC District No. _____

6. Field Name _____ 7. Field No. _____

8. Lease Name _____ 9. Lease/Gas ID No. _____

10. Check the Appropriate Boxes: New Project ☐ Amendment ☐ Add Wells to Project ☐

If amendment or expansion, Fluid Injection Project No. F-_____

Reason for Amendment: Add or change types of fluids ☐ Change Pressure ☐ Change volume ☐

Change Interval ☐ Other(explain)_____

### RESERVOIR DATA FOR PROJECT

11. Name of Formation _____ 12. Lithology _____
(e.g., dolomite, limestone, sand, etc.)

13. Type of Trap _____ 14. Type of Drive during Primary Production _____
(anticline, fault trap, stratigraphic trap, etc.)

15. Average Pay Thickness _____ 16. Lse/Unit Acreage _____ 17. Current Bottom hole pressure _____

18. Average Horizontal Permeability (mds) _____ 19. Average Porosity (%)_____

### INJECTION PROJECT DATA

20. No. of Injection Wells in this Application ____

21. Type of Injection Project: Waterflood ☐ Pressure Maintenance ☐ Miscible Displacement ☐ Natural Gas Storage ☐

Steam ☐ Thermal Recovery ☐ Disposal ☐ Other _____

22. If disposal, are fluids from leases other than the lease identified in item 9? Yes ☐ No ☐

23. Is this application for a Commercial Disposal Well? Yes ☐ No ☐

24. If for commercial disposal, will non-hazardous oil and gas waste other than produced water be disposed? Yes ☐ No ☐

25. Type(s) of Injection Fluid:

Salt Water ☐ Fresh Water ☐ $CO_2$ ☐ $N_2$ ☐ Air ☐ $H_2S$ ☐ LPG ☐ NORM ☐ Natural Gas ☐ Polymer ☐

Other (explain) _____

26. Identify the source of each type of injection water by formation or by aquifer and depths, or by name of surface water source:

CERTIFICATE

I declare under penalties in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated therein are true, correct, and complete, to the best of my knowledge.

_____
Signature Date

_____
Name of Person (Type or Print)

Phone_____ Fax_____

_____
Email (Optional)

| *For office use only* | *Register No.* | *Amount $* |
|---|---|---|
| | | |

***See Reverse Side for Required Attachments***

## FORM H-1 INSTRUCTIONS

Detailed information for filing Form H-1 is available in the *Underground Injection Control Manual*, which is available on the Railroad Commission's website: www.rrc.state.tx.us

File the original application, including all attachments, to the Railroad Commission of Texas, P.O. Box 12967, Austin, Texas 78711-2967. On the same day file one copy of the application with the appropriate district office.

Refer to the Schedule of Fees and Surcharges at www.rrc.state.tx.us/awareness/notices/RRC_Fee_Schedule.pdf for Form H-1 filing fee information. All fees are non-refundable and should be made payable to the Railroad Commission of Texas.

For an exception request to Statewide Rule 46(g)(2)(A) and/or (i)(1) file an amended Form H-1 and H-1A, a complete electric log and a letter of explanation.

Attach Form H-1A showing each injection well to be used in the project. Multiple H-1A's can be filed with Form H-1 (two wells per Form H-1A).

Applications for a new permit, amending injection interval or request for an exception Statewide Rule Statewide Rule 46(g)(3) and/or (j)(5)(B), attach a complete electrical log of the proposed well that includes the interval from the land surface through the injection interval or a complete log of a nearby well that is deep enough to show the proposed injection interval. Attach any other technical information that you believe will facilitate the review of the application. Such information may include a cement bond log, a cementing record, or a well bore sketch.

Attach a letter, no more than five years prior to the date of the application, from the Groundwater Advisory Unit (GAU) or its predecessor or success or agency stating the depth to which usable quality water must be protected If for disposal, the GAU letter must identify the base of underground sources of drinking water. Information for obtaining the GAU letter can be found on their website: Groundwater Advisory Unit Home Page NOTE: If the application is for an amendment, a new GAU letter is required only if the amendment is
for a change in the injection interval. This is not required for an exception to Statewide Rule 46(g)(2)(A) and/or (i)(1).

Attach Form H-7, Fresh Water Data Form, and attachments for a new injection project that includes the use of fresh water. An updated Form H-7 and attachments must be attached to Form H-1 for an expansion of a previously authorized fresh water injection project. The Form H-7 is not required if the fresh water is purchased from a commercial supplier, public entity, or from another operator. The fresh water questionnaire must be submitted with each application that includes fresh water.

Attach a map showing the location of all wells of public record within the one-quarter (1/4) mile radius of each proposed injection well. For horizontal wells the one-quarter mile will be the area within both the vertical and horizontal segment of the well. Note: This is not required for an exception to Statewide Rule 46(g)(2)(A) and/or (i)(1).

Attach a table of all wells of public record that are within the one-quarter (1/4) mile radius of each proposed injection well. The table shall include the well identification, date drilled, total depth, current status, and the plugging dates of those wells that are plugged. Identify any wells that are not adequately cased and/or cemented and unplugged, improperly plugged, orphaned, that lack cement behind the casing through the proposed injection interval and penetrate the proposed injection interval. The Commission may adjust or waive this data requirement in accordance with provisions in the "Area of Review" section of Statewide Rule 46 (g)(2)(A). NOTE: If the application is for an amendment, a table of wells within a one-quarter (1/4) mile radius is required only if the current permit was issued before April 1, 1982, or if the amendment is for a shallower injection depth. This is not required for an exception to Statewide Rule 46(g)(2)(A) and/or (i)(1).

Attach a map showing the location of all wells of public record within a one-half (1/2) mile radius of each proposed injection well. On the map label each Commission-designated operator of each active well or unexpired drilling permit within one-half (1/2) mile of the proposed injection well. For horizontal wells the one-half mile will be the area within both the vertical and horizontal segment of the well. Note: This is not required for an exception to Statewide Rule 46(2)(A) and/or (i)(1).

For a commercial disposal well application, attach a plat that outlines the disposal tract and shows the owner of record of the proposed disposal tract as reflected by the deed records. Label the owner of record of the real property for surface tracts that adjoin the proposed commercial disposal well tract by public records including but not limited to deed records, tax records, appraisal district records and probate records.

Notice of a new application must be sent on or not more than 30 days before the date the application is submitted to the Commission by USPS mail and either USPS certified mail return receipt requested or private commercial carrier with documented delivery confirmation. Notice is defined as a copy of the front and back of the application, a map identifying the location of the proposed well showing a north arrow; scale; georgraphic subdivisions appropriate for the scale; roads and highways in sufficient detail to allow a person to reasonably ascertain where an owned or occupied property is with respect to the proposed well location and the completed notice form 16 TAC 3.46(e)(1)(C).

Attach a signed statement with the application attesting to notification of the owner of record of the surface tract on which the well is located, each Commission designated operator of any well (including unexpired drilling permits) located within one-half (1/2) mile of the proposed well, the county clerk(s), the city clerk(s) or other appropriate city official of any city where the well(s) is located within municipal boundaries of that city. If the application is for a commercial disposal well notification of the owners of record of each surface tract that adjoins the proposed injection tract and the groundwater conservation district, if the well is to be located in an area covered by a groundwater conservation district that has an established mailing address. The signed statement shall include their relationship to the application, the mailing or physical addresses of affected persons who were notified of the application and the date the notification was mailed or delivered. NOTE: Only application amendments of interval, addition of fresh water as a fluid type, increase fresh water volume or to commercial status require notification of the county clerk, groundwater conservations district and the city clerk (if applicable). Note: This is not required for an exception to Statewide Rule 46(g)(2)(A) and/or (i)(1).

Attach an affidavit of publication signed by the newspaper publisher that specifically states that the notice of publication has been published once by the applicant, no more than 30 days before submission to the Commission, in a newspaper of general circulation in the county where the injection well will be located and attach a copy of the newspaper clipping. If the application is for a commercial disposal well, that fact must be stated in the published notice. NOTE: If the application is for an amendment, notification by publication is required only if the amendment is for injection interval or for commercial status. Format for publication is located 16 TAC 3.46(e)(3)(B). Note: This is not required for an exception to Statewide Rule 46(g)(2)(A) and/or (i)(1).

*No public hearing will be held on this application unless an affected person or local government protests the application, or the Commission administratively denies the application. Any protest shall be in writing and contain (1) the name, mailing address, and phone number of the person making the protest; (2) a brief description of how the protestant would be adversely affected by the activity sought to be permitted; and (3) a copy of the application and/or publication, if available, or the operator name, lease name, field name, well number and county. If the Commission or its delegate determines that a valid protest has been received, or that a public hearing is in the public interest, a hearing will be held upon written request by the applicant. If no protest is received, the permit may be administratively issued in a minimum of 15 days after receipt of the application, published notice, or notification of affected persons, whichever is later. Note: the Railroad Commission does not have jurisdiction over roads, traffic, property values, zoning, noise, odors, esthetics, leasing, pipeline easements, or royalty payments.*

08/2013

# RAILROAD COMMISSION OF TEXAS -- OIL AND GAS DIVISION

**Form H-1A**

## INJECTION WELL DATA (attach to Form H-1)

| 1. Operator Name (as shown on P-5) | 2. Operator P-5 No. |
|---|---|
| 3. Field Name | 4. Field No. |
| 5. Current Lease Name | 6. Lease/Gas ID No. |

7. Lease is _____ miles in a _____ direction from _____ (center of nearest town).

| 8. Well No. | 9. API No. | 10. UIC No. | 11. Total Depth/ Plug Back Depth | 12. Date Drilled | 13. Base of Usable Quality Water (ft) |
|---|---|---|---|---|---|
| | | | | | |

14. (a) Legal description of well location, including distance and direction from survey lines:

(b) Latitude and Longitude of well location, if known (optional) Lat. _____ Long. _____ ( NAD27 / NAD83 )
Circle One

15. New Injection Well ☐ or Injection Well Amendment ☐ | Reason for Amendment: Pressure ☐ Volume ☐ Interval ☐ Fluid Type ☐

Other (explain) _____

| Casing | Size | Setting Depth/ DV Depth | Hole Size | Casing Weight | Cement Class | # Sacks of Cement/ # Sacks of Cement at DV | Top of Cement | Top Determined by |
|---|---|---|---|---|---|---|---|---|
| 16. Surface | | | | | | | | |
| 17. Intermediate | | | | | | | | |
| 18. Long string | | | | | | | | |
| 19. Liner | | | | | | | | |

| 20. Tubing size | 21. Tubing depth | 22. Injection tubing packer depth | 23. Injection interval _____ to _____ |
|---|---|---|---|
| | | | |

| 24. Cement Squeeze Operations (List all) | Squeeze Interval (ft) | No. of Sacks | Top of Cement (ft) |
|---|---|---|---|
| | | | |
| | | | |

| 25. Multiple Completion? (Attach wellbore sketch for Yes) Yes ☐ No ☐ | 26. Directional or Horizontal Wellbore? (Attach wellbore sketch for yes) Yes ☐ No ☐ | 27. Downhole Water Separation? Yes ☐ No ☐ |
|---|---|---|

| 28. Fluid Type | 29. Maximum daily injection volume for each fluid type (rate in bpd or mcf/d) | 30. Maximum Surface Injection Pressure (psig) |
|---|---|---|
| | | Liquid: |
| | | Gas : |

| 8. Well No. | 9. API No. | 10. UIC No. | 11. Total Depth/ Plug Back Depth | 12. Date Drilled | 13. Base of Usable Quality Water (ft) |
|---|---|---|---|---|---|
| | | | | | |

14. (a) Legal description of well location, including distance and direction from survey lines:

(b) Latitude and Longitude of well location, if known (optional) Lat. _____ Long. _____ ( NAD27 / NAD83 )
Circle On

15. New Injection Well ☐ or Injection Well Amendment ☐ | Reason for Amendment: Pressure ☐ Volume ☐ Interval ☐ Fluid Type ☐

Other (explain) _____

| Casing | Size | Setting Depth/ DV Depth | Hole Size | Casing Weight | Cement Class | # Sacks of Cement/ # Sacks of Cement at DV | Top of Cement | Top Determined by |
|---|---|---|---|---|---|---|---|---|
| 16. Surface | | | | | | | | |
| 17. Intermediate | | | | | | | | |
| 18. Long string | | | | | | | | |
| 19. Liner | | | | | | | | |

| 20. Tubing size | 21. Tubing depth | 22. Injection tubing packer depth | 23. Injection interval _____ to _____ |
|---|---|---|---|
| | | | |

| 24. Cement Squeeze Operations (List all) | Squeeze Interval (ft) | No. of Sacks | Top of Cement (ft) |
|---|---|---|---|
| | | | |
| | | | |

| 25. Multiple Completion? (Attach wellbore sketch for Yes) Yes ☐ No ☐ | 26. Directional or Horizontal Wellbore? (Attach wellbore sketch for yes) Yes ☐ No ☐ | 27. Downhole Water Separation? Yes ☐ No ☐ |
|---|---|---|

| 28. Fluid Type | 29. Maximum daily injection volume for each fluid type (rate in bpd or mcf/d) | 30. Maximum Surface Injection Pressure (psig) |
|---|---|---|
| | | Liquid: |
| | | Gas: |

# FORM H-1A INSTRUCTIONS

08/2013

File as an attachment to Form H-1 to provide injection well data for each application for a new injection well permit or to amend an injection well permit.

ITEMS 3 and 4: Complete the current field name and number with the current field designation in Commission records. If workover or unitization, provide the proposed field name and field number.

ITEMS 5 and 6: Complete the current lease name and number with the current lease identification in Commission records for each well in the application. If workover or unitization, provide the proposed field name and field number. Use a separate Form H-1A for each lease assigned with the same Project Number.

ITEM 8: Provide the current well number(s) for existing wells in Item 8. Provide the proposed well numbers for wells that have not yet been drilled or that are to be utilized.

ITEM 15: Check the appropriate box for a new injection well permit or amendment of an existing injection well permit. If the application is for an amendment of an existing injection well permit, check the appropriate boxes for the reason(s) for the amendment. If you check "other", provide a brief explanation of the reason for the amendment.

ITEMS 16 through 27: Provide complete well construction information, including all proposed re-completion (e.g. liner, cement squeeze, tubing, packer). Attach additional sheets if necessary. In Item 19, if the liner is not to the surface, indicate both the top and the bottom depth of the liner as the "Setting Depth."

Form H-5
08/2013

# RAILROAD COMMISSION OF TEXAS
## Oil and Gas Division

**READ INSTRUCTIONS ON BACK**

PLEASE TYPE OR PRINT

Disposal/Injection Well
Pressure Test Report

UIC CONTROL NO. _____

Type _____

| 1. OPERATORS NAME | 2. RRC OPERATOR NO. | 3. API NO. |
|---|---|---|
| 4. ADDRESS | | 5. COUNTY |
| | | 6. RRC DISTRICT NO. |
| 7. FIELD NAME (Exactly as shown on proration schedule) | | 8. FIELD NO. |

| 9. LEASE NAME | 10a. OIL LEASE NO. | 10b. GAS ID NO. | 11. WELL NO. |
|---|---|---|---|

12. REASON FOR TEST
- ☐ Initial Test Prior to Injection
- ☐ After Workover
- ☐ Annual Test Required By Permit
- ☐ Five-Year Test Required By Rule
- ☐ Other (Specify) _____

13. DATE OF TEST

14. RETEST? ☐ YES ☐ NO
If YES, see Instruction No. 5

15. WELL COMPLETION

| | Size | Depth Set |
|---|---|---|
| Surface Casing | | |
| Long String Casing | | |
| Tubing | | |

16a. PACKER DEPTH

16b. PLUG DEPTH (CIBP, TEMPORARY, CEMENT)

17. AUTHORIZED INJECTION PRESSURE (PSIG): _____

18a. PERMITTED INJECTION INTERVAL
Top Bottom

18b. COMPLETED INJECTION INTERVAL
Top Bottom

19. TEST PRESSURE (PSIG) [SEE Instructions 4(c) and 4(d)]

| TIME | TUBING | CASING | SURFACE CSG. | TIME | TUBING | CASING | SURFACE CSG. |
|---|---|---|---|---|---|---|---|
| INITIAL | | | | | | | |
| 15 MINS. | | | | | | | |
| 30 MINS. | | | | | | | |
| | | | | | | | |
| | | | | | | | |

20. CHARACTERISTICS OF INJECTION FLUID
[See Instruction 4(e)]

21. CHARACTERISTICS OF ANNULUS FLUID
[See Instructions 4(e) and 4(f)]

22. TEST WITNESSED BY RRC? ☐ YES ☐ NO
If NO, see Instruction 4(a)
If YES, Name of RRC Representative _____

23. WERE OTHER TESTS/SURVEYS PERFORMED AT THIS TIME ON THIS WELL? ☐ YES ☐ NO If YES, List:

24. OPERATOR COMMENTS ON TEST (attach separate sheet if necessary)

25. WELL STATUS: ☐ Active ☐ Shut-In ☐ Temporarily Abandoned ☐ Other (Specify)_____

Certificate:

I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated herein are true, correct and complete, to the best of my knowledge.

_____
Signature

_____
Name of Person (type or print) Title

Telephone No. (_____) _____ Date _____

_____
E-Mail Address (Optional)

## INSTRUCTIONS

### FORM H-5: Disposal/Injection Well Pressure Test Report

NOTICE: This form is NOT to be used for underground storage wells regulated under Statewide Rule 96 .

1. **WHO TO NOTIFY** – The appropriate District Office must be notified at least 48 hours prior to any pressure test. Testing shall not commence before the end of the 48-hour period unless a shorter notice is authorized by the District Office.

2. **WHEN TO FILE** – Prior to beginning injection and subsequently after any workovers that disturb the seal between tubing, packer and casing or repair work has been performed on casing, file within 30 days after the date of any pressure testing.

3. **WHERE TO FILE** – File in duplicate, including any attachments, with the appropriate District Office.

4. **TEST REQUIREMENTS** –

   (a) A pressure recorder must be used for all tests. The operator's field representative must sign the pressure-recording chart. The pressure-recording chart must be filed with this form. The maximum range of the pressure-recording chart must be such that the casing test pressure falls within 20-70% of full scale. Except for wells permitted for injection through casing a circular pressure-recording chart shall be used and the clock on the pressure recorder must not exceed 24 hours.

   (b) A pressure gauge must be used when taking pressure readings to be entered in Item 19. The maximum range of the pressure gauge must be such that the casing test pressure falls within 20-70% of full scale. The precision of the pressure gauge must be such that the minimum pressure increment is no more that 5% of the test pressure required by instruction 4(c).

   (c) The casing test pressure must be at least equal to the maximum authorized injection pressure or 500 psig, whichever is less, but no less that 200 psig. For wells equipped for injection through tubing and packer, a pressure differential of a least 200 psig must exist between the tubing-casing annulus pressure and any tubing pressure. For wells that are permitted for injection through casing the test must equal the maximum permitted injection pressure or 200 psig, whichever is greater.

   (d) The test must be conducted for a period of no less than 30 minutes when the test medium is liquid or for 60 minutes when the test medium is air or gas. The testing fluid shall be liquid, and contain no additives that may reduce the effectiveness of the test, for wells that inject liquid unless the director authorizes use of a different test fluid for good cause. A longer test may be required at the discretion of the District Office. For longer tests, pressure readings must be taken at least every 30 minutes. Pressure readings must be entered in Item 19.

   (e) If any pressure anomaly occurs during the pressure test, list the characteristics (such as temperature and specific gravity) of the injection fluid (Item 20) and the fluid in the annulus (Item 21) necessary to explain the anomaly. A test may be rejected by the director after consideration of the following factors: starting the test prior to schedule; failure to use a chart; failure to label chart with pressure spring range and/or chart rotation time; incomplete or illegible test report or recording chart; no signature; other factors that result in the Commission being unable to determine whether or not the test or test report successfully demonstrates mechanical integrity.

   (f) If the annulus is not loaded with fluid for the test, explain in Item 21.

   (g) If a well fails a mechanical integrity test, immediately notify the appropriate district office and shut-in the well until the well has been remediated, a successful mechanical integrity test has been completed and the director approves the results of the mechanical integrity test.

5. **RETEST REQUIREMENTS** – If a retest is being performed as a result of a previous test failure, give the date of last unsuccessful test and explain any remedial action that was taken to prepare the well for retest (casing repair, tubing and/or packer replacement, etc.). Explain in Item 24.

REFERENCE: Statewide Rules 9 and 46

Type or Print Only
483-047

RAILROAD COMMISSION OF TEXAS
Oil and Gas Division

Form W-2
Rev. 08/2013

API No.: 42-

7. RRC District No.

8. RRC Lease No.

# Oil Well Potential Test, Completion or Recompletion Report, and Log

1. FIELD NAME (as per RRC Records or Wildcat)

2. LEASE NAME

9. Well No.

3. OPERATOR'S NAME (Exactly as shown on Form P-5, Organization Report)

RRC Operator No.

10. County of well site

4. ADDRESS

11. Purpose of filing
A. Producers
Initial Potential ☐
Retest ☐
Reclass ☐
Well Record Only ☐
(Explain in Remarks)

5a. Location (Section, Block, and Survey)

5b. Distance and direction to nearest town in this county

6. Location of well, relative to the nearest lease boundaries on which this well is located
Feet from ____ Line and ____ Feet from ____ Line of the ____ Lease

12. Completion or recompletion date

13. If workover or reclass, give former field (with reservoir) & Gas ID or Oil Lease No.

14. Type of electric or other log run

| FIELD & RESERVOIR | GAS ID or OIL LEASE # | Injection/ Disposal | Oil-O Gas-G | Other | Well # |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

15. Any condensate on hand at time of workover or recompletion?
☐ YES ☐ NO

Well Latitude/Longitude:

Latitude/Longitude Type:

B. Injection/Disposal/ Storage/Brine Mining
Initial Completion ☐
Reclass ☐
Well Record Only ☐
(Explain in Remarks)

## POTENTIAL TEST DATA

IMPORTANT: Test should be for 24 hours unless otherwise specified in field rules.

| 16. Date of test | 17. No. of hours tested | 18. Production method (Flowing, Gas Lift, Jetting, Pumping - Size & Type of Pump) | | | 19. Choke size |
|---|---|---|---|---|---|
| | | | | | |

| 20. Production during Test Period | Oil - BBLS | Gas-MCF | Water - BBLS | Gas - Oil Ratio | Flowing Tubing Pressure PSI |
|---|---|---|---|---|---|
| | | | | | |
| 21. Calculated 24-Hour Rate | Oil - BBLS | Gas-MCF | Water - BBLS | Oil Gravity - API - 60° | Casing Pressure PSI |
| | | | | | |

22. Was swab used during this test?
☐ YES ☐ NO

23. Oil produced prior to test (New & Reworked Wells):

24. Shut-in Bottomhole Pressure (Optional)

## DATA ON WELL COMPLETION

25. Type of Completion
☐ New Well ☐ Re-entry ☐ Side Track ☐ Other
☐ Deepening ☐ Plug Back ☐ Recompletion

26. Permit to Drill Plug Back or Deepen — DATE — PERMIT NO.

27. Notice of Intention to Drill This Well Was File in the Name of

Rule 37 Exception — DATE — CASE NO.

28. Number of producing wells on this lease in this field (reservoir) including this well

29. Total number of acres in this lease

Water Injection Permit — DATE — PERMIT NO. F -

Salt Water Disposal Permit — DATE — PERMIT NO.

30. Date Plug Back, Deepening Workover or Drilling Operations — Commenced — Completed

31. Distance to nearest well, Same Lease & Reservoir

Other — DATE — PERMIT NO.

32. Elevation (DF, RKB, RT, GR, etc.)

33. Was directional survey made other than inclination (Form W-12)? ☐ YES ☐ NO

| 34. Top of Play TVD | 34. Top of Play MD | 35. Total Depth TVD | 35. Total Depth MD | 36. P.B. Depth TVD | 36. P.B. Depth MD | 37. Surface Casing Determined by: | Field Rules ☐ | Recommendation of G.A.U ☐ | SWR 13 Exception ☐ | Date Of | Depth |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

38. Rotation Time Within Surface Casing (Hours)

39. Is well multiple completion?
☐ YES ☐ NO

41. Is Cementing Affidavit (W-15) attached?
☐ YES ☐ NO

40. If multiple completion, list all reservoir names (completions in this well) and Oil Leas or Gas ID No.

| FIELD & RESERVOIR | GAS ID or OIL LEASE # | Injection/ Disposal | Oil-O Gas-G | Other | Well # |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

API No.: 42-

**42. CASING RECORD**

| Row | Type of Casing (conductor, surface, intermediate, production, or other) | Hole Size Inches & Fractions | Casing Size Inches & Fractions | Setting Depth(ft.) | Multi-Stage Tool Depth(ft.) | Multi-Stage Shoe Depth(ft.) | Cement Type | Cement Amount (Sacks) | Slurry Volume cu. ft. | Top of Cement | Top of Cement Determined by |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |

**43. LINER RECORD**

| Row | Liner Size Inches & Fractions | Hole Size Inches & Fractions | Liner Top (ft.) | Liner Bottom (ft.) | Cement Type | Cement Amount (sacks) | Slurry Volume cu. ft. | Top of Cement | Top of Cement Determined By |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |

**44. TUBING RECORD**

**Does this well currenlty have tubing set?** ☐ YES ☐ NO

If NO, Explain in Remarks.

| Size | Depth Set | Packer Set |
|---|---|---|
| | | |
| | | |
| | | |

**Does this well currently have a completion interval?** ☐ YES ☐ NO

**45. PRODUCING/INJECTION/DISPOSAL INTERVAL**

Indicate depth of perforation or open hole (MD)

NOTE: From and To are for Measured Depth for Horizontals.

| | | |
|---|---|---|
| L1: From | To | |
| L2: From | To | |
| L3: From | To | |
| L4: From | To | |
| L5: From | To | |

**ACID, SHOT, FRACTURE, CEMENT SQUEEZE, CAST IRON BRIDGE PLUGS, ETC.**

**46. Is well equipped with an actuation valve?** ☐ YES ☐ NO

If yes, provide actuation pressure (PSIG)

**47. Production casing test pressure** pressure (PSIG) prior to hydraulic fracturing treatment

**48. Was hydraulic fracturing treatment performed?** ☐ YES ☐ NO

**49. Actual maximum** pressure (PSIG) during hydraulic fracturing

**50. Has the Hydraulic Fracturing Fluid Disclosure been reported to FracFocus Disclosure Registry (SWR 29)?** ☐ YES ☐ NO

| Depth Interval (ft.) | | Amount and Kind of Material Used | Cast Iron Bridge Plugs |
|---|---|---|---|
| From | To | | |
| From | To | | |
| From | To | | |

**51. FORMATION RECORD** (List Depths of Principal Geological Markers, Formation Tops to Include Permitted Disposal/Injection Formations, Productive Zones, Potential Flow Zones, and Corrosive Formation Fluid Zones within 1/4 Mile Radius of Wellbore.)

| Formations | Depth TVD | Depth MD | Indicate if formation is a permitted disposal/injection zone, productive zone, potential flow zone, or a zone with corrosive formation fluids. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**52. Are the producing intervals of this well associated with a non-exempt hydrogen sulfide field (SWR 36)?** ☐ YES ☐ NO

**53. Is the completion being down-hole commingled (SWR 10)?** ☐ YES ☐ NO

**54. Shallowest Known Disposal/Injection Zone, Productive Zone, Potential Flow Zone, or Zone With Corrosive Formation Fluids**

Formation:

Depth: TVD MD

**REMARKS:**

**WELL TESTER'S CERTIFICATION:** I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I conducted or supervised this test and that data and facts shown in Sections I and II above are true, correct, and complete, to the best of my knowledge. Bottomhole temperature and the diameter and length of flow string were furnished by the operator of the well.

**Is the operator on this packet also the tester?** ☐ YES ☐ NO (If No, Please enter the Tester Information below:)

Signature: Well Tester | Printed Name | Name of Company

**OPERATOR'S CERTIFICATION:** I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that I prepared or supervised and directed this report, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.

Signature: Operator's representative | Title | Tel: Area Code Number

Printed Name | E-mail (Optional)

# RAILROAD COMMISSION OF TEXAS
# OIL AND GAS DIVISION

**Form W-14**
08/2013

## APPLICATION TO DISPOSAL OF OIL AND GAS WASTE BY INJECTION INTO A FORMATION NOT PRproductive OF OIL AND GAS

1. Operator Name _____ 2. Operator P-5 No. _____

3. Operator Address _____

4. County _____ 5. RRC District No. _____

6. Field Name _____ 7. Field No. _____

8. Lease Name _____ 9. Lease/Gas ID No. _____

10. Well is _____ miles in a _____ direction from _____ (center of nearest town). 11. No. acres in lease _____

12. Legal description of location including distance and direction from survey lines _____

13. Latitude/Longitude, if known (Optional) Lat. _____ Long. _____ ( NAD27 / NAD83 )
Circle One

14. New Permit? Yes ☐ No ☐ If no, amendment of Permit No. _____ UIC# _____

15. Reason for amendment: Pressure ☐ Volume ☐ Interval ☐ Commercial ☐ Other(Explain) _____

| 16. Well No. | 17. API No. | | 18. Date Drilled | | 19. Total Depth/Plugback Depth | | 20. Plug Date, if re-entry | |
|---|---|---|---|---|---|---|---|---|
| **Casing** | **Size** | **Setting Depths** | **Hole Size** | **Casing Weight** | **Cement Class** | **Cement Sacks (#)** | **Top of Cement** | **Top Determined by** |
| 21. Surface | | | | | | | | |
| 22. Intermediate | | | | | | | | |
| 23. Long String | | | | | | | | |
| 24. Liner | | | | | | | | |
| 25. Other | | | | | | | | |

26. Depth to base of Deepest Freshwater Zone _____ 27. Multiple Completion? Yes ☐ No ☐ (Attach wellbore sketch for yes) 28. Directional/ horizontal wellbore? Yes ☐ No ☐ (Attach wellbore sketch for yes)

29. Multistage cement? Yes ☐ No ☐ If yes, DV Tool Depth: _____ ft. No. Sacks: _____ Top of Cement _____

30. Bridge Plug Depth: _____ ft. 31. Injection Tubing Size: _____ in. and Depth _____ ft. 32. Packer Depth: _____ ft.

33. Cement Squeeze Operations (List all giving interval and number of sacks of cement and cement top and whether Proposed or Complete.):

34. Injection Interval from _____ to _____ ft. 35. Name of Disposal Formation(s) _____

36. Any Oil or Gas Productive Zone(s) within, above, or below proposed disposal interval within two miles? Yes ☐ No ☐
If yes, Depth(s) _____ ft. and Reservoir Name(s) _____

37. Maximum Daily Injection Volumes: for Liquid _____ bpd for Gas _____ mcf/d.

38. Maximum Surface Injection Pressure: for Liquid _____ psig for Gas _____ psig.

39. Source of Fluids (Formations, depths and types): _____

40. Are fluids from leases other than lease identified in Item 8? Yes ☐ No ☐ 41. Commercial Disposal Well? Yes ☐ No ☐

42. If commercial disposal, will non-hazardous oil and gas waste other than produced water be disposed of? Yes ☐ No ☐

43. Type(s) of Injection Fluid: Salt Water ☐ Fresh Water ☐ CO2 ☐ N2 ☐ Air ☐ H2S ☐
LPG ☐ NORM ☐ Natural Gas ☐ Polymer ☐ Other(explain): _____

**CERTIFICATE**

I declare under penalties in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated therein are true, correct, and complete, to the best of my knowledge.

_____
Signature Date

_____
Name of Person (Type or Print)

Phone _____ Fax _____

_____
Email (Optional)

| *FOR OFFICE USE ONLY* | *REGISTER NO.* | *AMOUNT $* |
|---|---|---|

APPLICANT ALSO MUST COMPLY WITH THE INTRUCTIONS ON THE REVERSE SIDE

## FORM W-14 INSTRUCTIONS

Detailed information for filing Form W-14 is available in the *Underground Injection Control Manual*, which is available on the Railroad Commission's website: www.rrc.state.tx.us

File the original application, including all attachments, to the Railroad Commission of Texas, P.O. Box 12967, Austin, Texas 78711-2967. On the same day, file one copy of the application with the appropriate district office.

Refer to the Schedule of Fees and Surcharges at www.rrc.state.tx.us/awareness/notices/RRC_Fee_Schedule.pdf for Form W-14 filing fee information. All fees are non-refundable and should be made payable to the Railroad Commission of Texas.

For an exception request to Statewide Rule 9, (6)(i) file an amended Form W-14, complete electric log and letter of explanation.

Applications for a new permit, amending injection interval or request for an exception to Statewide Rule 9(6)(i), attach a complete electric log of the proposed well or a complete log of a nearby well. Attach any other technical information that you believe will facilitate the review of the application. Such information may include a cement bond log, a cementing record or a well bore sketch.

Attach a letter no more than five years old from the Groundwater Advisory Unit (GAU), its predecessor or successor agency stating that the well will not endanger the usable quality water in that area and that the formation(s) to be used for disposal are not underground sources of drinking water . To obtain the GAU letter, submit one copy of the Form W-14, one copy of a scaled map showing the well location and surrounding survey lines, a copy of the current Groundwater Protection Letter for the well or completed Form GW-1 (previous Form 0051P) and a copy of a representative electric log that includes the log header and interval from land surface through injection interval to GAU MC 151, P.O. Box 12967, Austin, Texas 78701. NOTE: If the application is for an amendment, a new GAU letter is required only if the amendment is for a change in the disposal interval. This is not required for an exception to Statewide Rule 9(6)(i).

Attach a map showing the location of all wells of public record within the one-quarter (1/4) mile radius of the proposed disposal well. Note: This is not required for an exception to Statewide Rule 9(6)(i).

Attach a table of all wells of public record that are within the one-quarter (1/4) mile radius of the proposed disposal well. The table shall include the well identification, date drilled, total depth, current status and the plugging dates of those wells that are plugged. Identify any wells that are unplugged, improperly plugged or orphaned, that penetrate the proposed injection interval and lack cement behind the casing through the disposal interval. Alternatively, an applicant may request a variance under Rule 9(g)(2). NOTE: If the application is for an amendment, a table of wells within a one-quarter (1/4) mile radius is required only if the current permit was issued before April 1, 1982, or if the amendment is for a shallower disposal depth. This is not required for an exception to Statewide Rule 9(6)(i).

Attach a map showing the location of all wells of public record within a one-half (1/2) mile radius of the proposed disposal well. On the map, label each Commission-designated operator of each active well or unexpired drilling permit within one-half (1/2) mile of the proposed disposal well. Note: This is not required for an exception to Statewide Rule 9(6)(i).

For a commercial disposal well application, attach a plat that outlines the disposal tract and shows the owner of record of the proposed disposal tract as reflected by the deed records. Label the owner of record of the real property for surface tracts that adjoin the proposed commercial disposal well tract by public records including but not limited to deed records, tax records, appraisal district records and probate records.

Notice of a new application must be sent on or not more than 30 days before the date the application is submitted to the Commission by USPS mail and either USPS certified mail return receipt requested or private commercial carrier with documented delivery confirmation. Notice is defined as a copy of the front and back of the application, a map identifying the location of the proposed well showing a north arrow; scale; geographic subdivisions appropriate for the scale; roads and highways in sufficient detail to allow a person to reasonably ascertain where an owned or occupied property is with respect to the proposed well location and the completed notice form 16 TAC 3.9(e)(1)(C).

Attach a signed statement with the application attesting to notification of the owner of record of the surface tract which the well is located, each Commission designated operator of any well (including unexpired drilling permits) located within one-half (1/2) mile of the proposed well, the county clerk, the city clerk or other appropriate city official of any city where the well is located within municipal boundaries of that city, the groundwater conservation district if the well is located within an area covered by a groundwater district that has an established mailing address and, if the application is for a commercial disposal well, owners of record of each surface tract that adjoins the disposal tract. The signed statement shall include their relationship to the application, the mailing or physical addresses of affected persons who were notified of the application and the date the notification was mailed or delivered. . NOTE: Only application amendments of interval, pressure or to commercial status require notification to the county clerk, groundwater conservation district and city clerk (if applicable).Note: Notification is not required for an exception to Statewide Rule 9(6)(i).

Attach an affidavit of publication signed by the newspaper publisher that specifically states that the notice of publication has been published once by the applicant, no more than 30 days before submission to the Commission, in a newspaper of general circulation in the county where the disposal well will be located and attach a copy of the newspaper clipping. If the application is for a commercial disposal well, that fact must be stated in the published notice. NOTE: If the application is for an amendment, notification by publication is required only if the amendment is for disposal interval or for commercial status. Format for publication is located 16 TAC 3.9(e)(3)(B). Note: This is not required for an exception to Statewide Rule 9(6)(i).

*No public hearing will be held on this application unless an affected person or local government protests the application, or the Commission administratively denies the application. Any protest shall be in writing and contain (1) the name, mailing address and phone number of the person making the protest; (2) a brief description of how the protestant would be adversely affected by the activity sought to be permitted; and (3) a copy of the application and/or publication, if available, or the operator name, lease name, field name, well number, and county. If the Commission or its delegate determines that a valid protest has been received or that a public hearing is in the public interest, a hearing will be held upon written request by the applicant. If no protest is received, the permit may be administratively issued in a minimum of 15 days after receipt of the application, published notice or notification of affected persons, whichever is later. Note: The Railroad Commission does not have jurisdiction over roads, traffic, property values, zoning, noise odors, esthetics, leasing, pipeline easements or royalty payments.*

# Railroad Commission of Texas Groundwater Advisory Unit
# Groundwater Protection Determination Request Form

**RRC Form GW-1**

The information requested is essential in order for this agency to provide an appropriate response. Fill in the required blanks(*) as well as the location information that applies to this well. **If you need an application to be expedited, a $75 per application fee is required**. Allow 1 to 4 working days for expedited letters and up to two weeks for non-expedited letters. Contact us at 512-463-2741 or e-mail us at <**gau@rrc.state.tx.us** > if you have any questions.

Name of Person Preparing this request

*Name

*Phone# [w/AC]

*Fax# [w/AC]

e-mail

**E-mail address required if requesting return of completed SC Letter PDF Form by e-mail.**

*Operator Name

*Address 1

Address 2

*City *State TX

*Operator ID *Zip Code

You may submit this form by e-mail, **along with a scanned location map** (and well log if available), to < **gau@rrc.state.tx.us** >. It will be checked for completeness and you will be notified if additional data is needed.

Mailing address: Railroad Commission of Texas Groundwater Advisory Unit PO Box 12967 Austin, Texas 78711-2967

*County Name <SELECT ONE> *Lease Name *Well No.

*Survey Name Abstract No. A- Lease#

Block No. Township Section Share Lot No.

League Range Labor Tract Porcion

*Distances , in feet, and direction, measured at right angles from SURVEY Lines (NOT LEASE LINES)

feet from W line and feet from N Line.

API# RRC Dist No. *Map Image Name

***GPS or X-Y State Plane Feet Coordinates ( One set of coordinates is required for this application)**

**DMS Format:**

LAT: Lat Deg Lat Min Lat Sec LAT(DD)

Datum 83 LON: Lon Deg Lon Min Lon Sec LON(DD)

**X-Y State Plane** X-Coord Y-Coord SP Zone SP Datum 27

Elevation *Total Depth Formation at TD ***Expedite ($75 fee) Y/N?** N

*Purpose of Request ND ---> Other [Specify] Previous SC-number for this well

Remarks

Form GW-1 (7/10/2013)

Railroad Commission of Texas
Groundwater Advisory Unit

# GROUNDWATER PROTECTION DETERMINATION

RRC Form GW-2

Date

GAU File No.:

API Number

Attention:

RRC Lease No.

Digital Map Location:
X-coord/Long
Y-coord/Lat
Datum
Zone

County

Lease & Well No.

Purpose

Location

**To protect usable-quality groundwater at this location, the Groundwater Advisory Unit of the Texas Railroad Commission recommends:**

Note: Unless stated otherwise, this recommendation is intended to apply only to the subject well and not for area-wide use. **This recommendation is intended for normal drilling, production, and plugging operations only. It does not apply to saltwater disposal operation into a nonproductive zone (RRC Form W-14).**

If you have any questions, please contact us at 512-463-2741, gau@rrc.state.tx.us, or by mail.

Sincerely,

*GEOLOGIST SEAL*

Geologist, Groundwater Advisory Unit
Oil & Gas Division

The seal appearing on this document was authorized by [redacted] on [redacted]
Note: Alteration of this electronic document will invalidate the digital signature.