

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
APPLICATION FOR INJECTION WELL**

Form U-1
July 2014
Form must be Typed
Form must be Signed
All blanks must be Filled

Disposal

Enhanced Recovery: Repressuring
 Waterflood
 Tertiary

Date: _____

Operator License Number: _____

Operator: _____

Address: _____

Contact Person: _____

Phone: _____

Email: _____

Permit Number: _____

API Number: _____

Well Location

____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ E W
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

Lease Description: _____

Lease Name: _____ Well Number: _____

Field Name: _____

County: _____

Deepest Usable Water

Formation: _____

Depth to Bottom of Formation: _____

Check One: Old Well Being Converted Newly Drilled Well Well to be Drilled

Surface Elevation: _____ feet Well Total Depth: _____ feet Plug Back Depth: _____ feet

Datum of top of injection formation: _____ feet (reference mean sea level)

Injection Formation Description:

Name	top / bottom	perf / open hole	depth
_____	_____ / _____	_____	at _____ to _____ feet
_____	_____ / _____	_____	at _____ to _____ feet

List of Wells/Facilities Supplying Produced Saltwater or Other Fluids Approved by the Conservation Division:

(attach additional sheets if necessary)

Lease Operator	Lease/Facility Name	Lease/Facility Description	Well ID & Spot Location
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Producing Formation	Strata Depth	Total Dissolved Solids (if available)
1. _____	_____ to _____ feet	_____ mg/l
2. _____	_____ to _____ feet	_____ mg/l
3. _____	_____ to _____ feet	_____ mg/l

Maximum Requested Liquid Injection Rate: _____ bbls / day; or

Maximum Requested Gas Injection Rate: _____ scf / day. Type of Gas: _____

Maximum Requested Injection Pressure: _____ psig

Well Completion

Type: Tubing & Packer Packerless Tubingless

	Conductor	Surface	Intermediate	Production	Tubing
Size					
Setting Depth					
Amount of Cement					
Top of Cement					
Bottom of Cement					

If Alternate II cementing, complete the following:

Perforations / D.V. Tool at _____ feet, cemented to _____ feet with _____ sx.

Tubing: Type _____ Grade _____

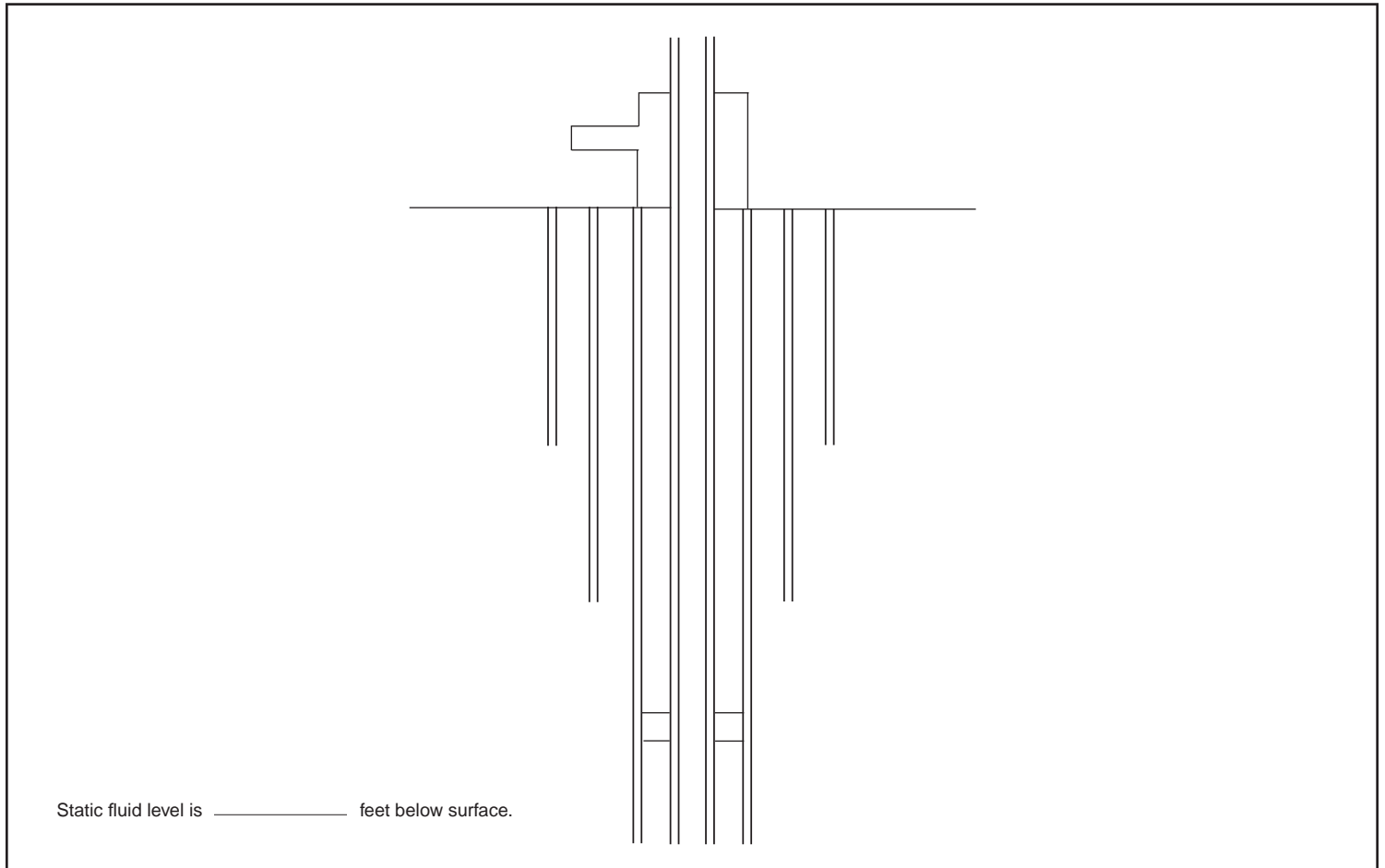
Packer: Type _____ Depth _____

Annulus Corrosion Inhibitor: Type _____ Concentration _____

List Logs Enclosed: _____

Well Sketch

(To sketch installation, darken the appropriate lines, indicate cement, and show depths.)



Offset Operators, Unleased Mineral Owners and Landowners acreage

(Attach additional sheets if necessary)

Name:

Legal Description of Leasehold:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Applicant or Duly Authorized Agent

Subscribed and sworn before me this _____ day of _____, _____

Notary Public

My Commission Expires: _____

Instructions:

1. Fully complete application, including page 4 (*plat map*) showing subject well and all known oil, gas and input wells, including wells being drilled, inactive wells, or dry holes, within one-half mile. Show lease names and operators or unleased mineral rights owners of all lands within one-half mile. Show well numbers and elevations of producing formation tops.
2. Attach some type of log (*drillers log, electric log, etc.*).
3. Attach some type of verification of cementing for surface casing, longstring, D.V. tool, perforations, etc. (*Cement ticket and job log, bond log, etc.*)
4. Attach Affidavit of Notice.
5. Fill in schematic drawing of subsurface facilities including: size, setting depth, amount of cement, measured or calculated tops of cement for each of surface, intermediate (*if any*) and production casing; size and setting depth of tubing and packer; geological zone of injection showing top and bottom of injection interval.
6. The original and one copy of the application and all attachments shall be mailed to the State Corporation Commission, Conservation Division.
7. Deliver or mail one (*1*) copy of the application to the landowner on whose land the injection well is located and to each operator or lessee of record and each unleased mineral rights owner within one-half mile of the applicant well.
8. Approval of this application, if granted, is valid only as long as there are no substantial changes in operation set forth in the application. A substantial change requires the approval of a new application. **No injection well may be used without prior written authorization.**
9. All application fees must accompany the application.

Plat and Certificate of Injection Well Location and Surrounding Acreages

Operator: _____ Location of Well: _____

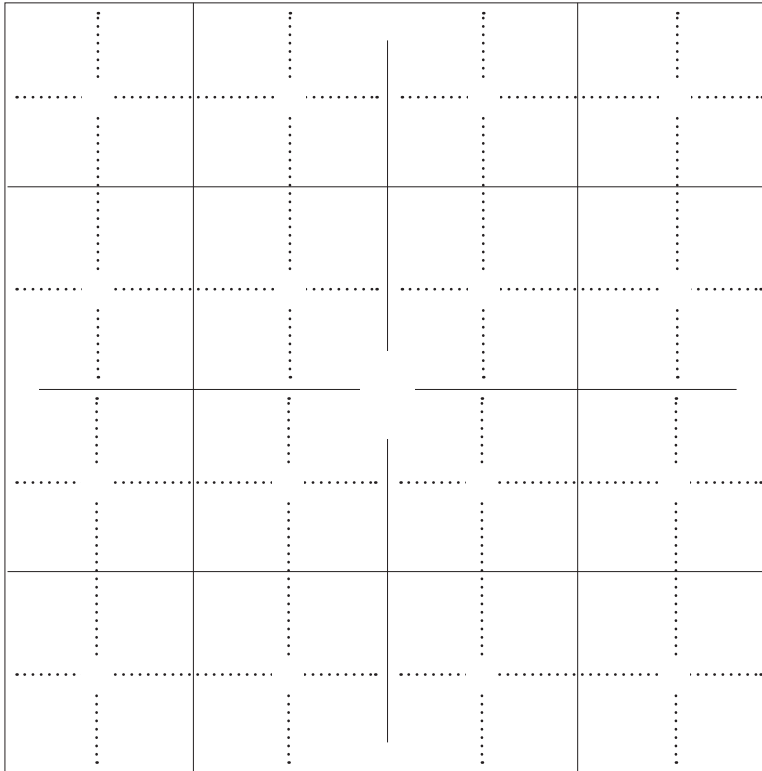
Lease: _____ feet from N / S Line of Section


Well Number: _____ feet from E / W Line of Section


County: _____ Sec. _____ Twp. _____ S. R. _____ East West

Plat


Show the following information: applicant injection well, all producing wells, inactive wells, plugged wells, and other wells within a one-half mile radius, all lease boundaries, lease operators, unleased mineral rights owners, well numbers, and producing wells producing formation tops.



applicant well 

producing well 

plugged injection well 

D & A well 

other injection well 

temporary abandoned well 

plugged producer 

water supply well 

The undersigned hereby certifies that he / she is a duly authorized agent for _____, and that all of the information shown herein is true, complete and correct to the best of his / her knowledge.

Applicant or Duly Authorized Agent

Subscribed and sworn before me this _____ day of _____, _____

Notary Public

My Commission Expires: _____

Affidavit of Notice Served

Re: Application for: _____
Well Name: _____ Legal Location: _____

The undersigned hereby certifies that he / she is a duly authorized agent for the applicant, and that on the day _____ of _____ , _____ , a true and correct copy of the application referenced above was delivered or mailed to the following parties:

Note: A copy of this affidavit must be served as a part of the application.

Name	Address (Attach additional sheets if necessary)
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I further attest that notice of the filing of this application was published in the _____ , the official county publication of _____ county. A copy of the affidavit of this publication is attached.

Signed this _____ day of _____ , _____

Applicant or Duly Authorized Agent

Subscribed and sworn to before me this _____ day of _____ , _____

Notary Public

My Commission Expires: _____

Protests may be filed by any party having a valid interest in the application. Petitions for protests shall be in writing and shall clearly identify the name and address of the protestant and the title of the application. The petition shall include a clear and concise statement of the direct and substantial interest of the protestant in the proceedings, including the manner in which the protestant may be affected, and the nature, extent, character and grounds of the protest. Protestants shall serve the protest upon the applicant by mail or personal service at the same time or before the protestant files the protest with the Conservation Division. Protests must be filed within 30 days of the publication notice of the application.