

# PERMIT APPLICATION PACKAGE



**OSAGE NATION UIC**  
**FIRST NATIONAL BANK BLDG.**  
**100 W. MAIN ST., STE. 304**  
**PAWHUSKA, OK 74056**  
**Tel: 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 Osage Agency BIA and EPA. For additional copies of the permit package, please visit our website @ [www.osagetribe.com](http://www.osagetribe.com) and click on the Environmental & Natural Resources tab located on the right side of the page 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**

	<b>Attached</b>	<b>Not Attached</b>	
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

**This page must be printed on blue.**

**DEPARTMENT OF THE 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.  
\_\_\_\_\_ Osage County, Oklahoma.

(1/4 Section & No.) \_\_\_\_\_ (Township) \_\_\_\_\_ (Range) \_\_\_\_\_  
The elevation of the (surface/derrick floor) above sea level is \_\_\_\_\_ ft.

**USE THIS SIDE TO REQUEST AUTHORITY FOR WORK  
(Three copies required.)**

Notice of intent to:

- Drill
- Plug (\$15 fee)
- Deepen/plug back
- Convert
- Pull/alter casing
- Formation treatment

**Details of Work**

**Drilling** application will state proposed TD & Horizons to be tested. Show size & length of casings 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 this plan of work must receive approval in writing 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 (oil, gas, dry) \_\_\_\_\_  
Subsequent report of:

- Conversion
- Formation treatment
- Alter casing
- Plugging back
- Plugging

**Details of Work & Results Obtained**

Work commenced on \_\_\_\_\_

Work completed on \_\_\_\_\_

(Continue on reverse side if necessary.)

**This block for plugging information only.**

**CASING RECORD**

SIZE	IN HOLE WHEN STARTED	AMT. RECOVERED	DEPTH / HOW

**ORIGINAL TOTAL DEPTH:**

Lessee: \_\_\_\_\_

By: \_\_\_\_\_

Subscribed & sworn to me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

COMM. EXP. \_\_\_\_\_


Spot well on plat.

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



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.: \_\_\_\_\_ ¼ \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Farm Name \_\_\_\_\_

KB \_\_\_\_\_

**Elevation** DF \_\_\_\_\_

GL \_\_\_\_\_

Well located \_\_\_\_\_ feet from { N / S } line, \_\_\_\_\_ feet from { E / W } line.

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 _____
_____	_____	_____	_____	_____	_____	_____	to _____
_____	_____	_____	_____	_____	_____	_____	to _____
_____	_____	_____	_____	_____	_____	_____	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: \_\_\_\_\_

\*\*\*\*\*  
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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: \_\_\_\_\_

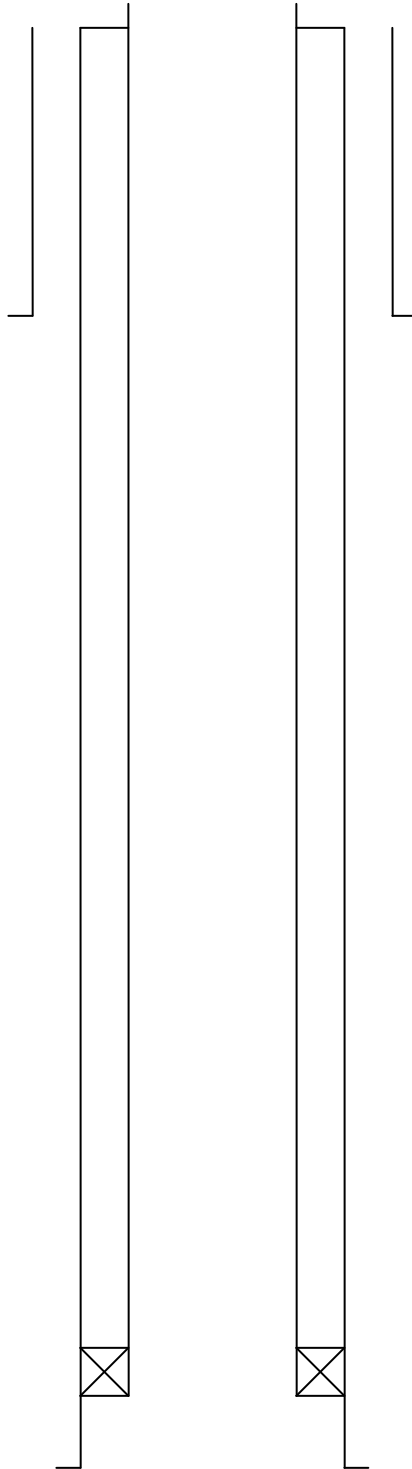
Formation(s) perforated above  
packer: \_\_\_\_\_ to \_\_\_\_\_;  
\_\_\_\_\_ to \_\_\_\_\_

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 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 UIC Office**  
**P. O. Box 1495**  
**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.

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**Name**

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**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