



STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

UIC FORM 1

APPLICATION FOR INJECTION WELL

Form with fields: Name of Operator, Operator Number, Well Name and Number, Address of Operator (CITY, STATE, ZIP), Phone Number, API Number, Location of Well (Footage, County, State: UTAH), Field or Unit Name, Lease Designation and Number.

Is this application for expansion of an existing project? Yes [ ] No [ ]

Will the proposed well be used for: Enhanced Recovery? Yes [ ] No [ ]
Disposal? Yes [ ] No [ ]
Storage? Yes [ ] No [ ]

Is this application for a new well to be drilled? Yes [ ] No [ ]

If this application is for an existing well, has a casing test been performed? Yes [ ] No [ ]
Date of test: \_\_\_\_\_

Proposed injection interval: from \_\_\_\_\_ to \_\_\_\_\_

Proposed maximum injection: rate \_\_\_\_\_ bpd pressure \_\_\_\_\_ psig

Proposed injection zone contains oil [ ], gas [ ], and / or fresh water [ ] within 1/2 mile of the well.

List of attachments: \_\_\_\_\_

SUBMIT ADDITIONAL INFORMATION AS REQUIRED BY CURRENT UTAH OIL AND GAS CONSERVATION GENERAL RULES TO PERMIT WRITER VIA EMAIL

I hereby certify that this report is true and complete to the best of my knowledge.

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **INSTRUCTIONS**

This form shall be submitted by the well operator prior to the commencement of operations for injecting any fluid into a well for the purpose of enhanced recovery, disposal, or storage within the state of Utah, in accordance to the Utah Oil and Gas Conservation General Rules. Approvals or orders authorizing injection wells shall be valid for the life of the well, unless revoked by the board for just cause, after notice and hearing.

Submit this form via the Utah ePermit program. Upon receipt by the Division, a permit writer will be assigned and will request the additional required information be submitted via email.