



COMMUNITY SALTWATER DISPOSAL SYSTEM APPLICATION

MAILING ADDRESS:
 OFFICE OF CONSERVATION
 INJECTION & MINING DIVISION
 P.O. BOX 94275-CAPITOL STATION
 BATON ROUGE, LA 70804-9275

PHYSICAL ADDRESS:
 OFFICE OF CONSERVATION
 INJECTION & MINING DIVISION
 617 N. THIRD ST., SUITE 817
 BATON ROUGE, LA 70802

UIC-13

PLEASE READ APPLICATION PROCEDURES

TYPE ONLY

OPERATOR INFORMATION

1. OPERATOR NAME: ADDRESS: CITY, STATE, ZIP: _____, EMAIL: _____	2. OPERATOR CODE: 3. PHONE: _____ FAX: _____
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WELL INFORMATION

4. PROPOSED COMMUNITY WELL NAME AND NUMBER: WELL NO. _____	5. SERIAL NO. (CONVERSION & RE-PERMIT ONLY) 6. FIELD: _____ 7. PARISH: _____	
8. SEC. _____	TWP. _____	RNG. _____

FLUID SOURCE LIST
 Provide the following information for each producing well that will be utilizing the above-listed community disposal well and system. *Check if continue on back:*

9. OPERATOR	WELL NAME & NO.	SERIAL NO.	BBL SW/ MO.	TRANSPORTATION BY		
				TRUCK	PIPELINE	OTHER
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION BY OPERATOR

I _____ (COMPANY OFFICIAL), _____ (TITLE),
 hereby certify that the information contained herein is accurate and complete to the best of my knowledge. I further certify that the community disposal well(s) and system identified above is a noncommercial operation and that operators using the system share only in the cost of operating and maintaining the well(s), related storage tanks, and equipment. Attached to this document are copies of operating agreements with each of the operators wanting to utilize the above-referenced well for disposal of produced saltwater.

10. NAME (PRINT): _____ 11. PHONE: _____
 12. SIGNATURE: _____ 13. DATE: _____

INSTRUCTIONS

1. Submit the non-refundable application fee per LAC 43:XIX.Chapter 7.
2. Form UIC-13 must be completed and submitted to the Injection and Mining Division for review and approval before a well may be utilized as a Community Saltwater Disposal Well.
3. For each producing well identified in the Fluid Source List, indicate which method of transportation is used to transport the saltwater to the community well.
4. Sign and date the certification at the bottom of the form prior to mailing to the following address:
 Office of Conservation
 Injection and Mining Division
 P O Box 94275
 Baton Rouge, Louisiana 70804-9275
5. Attach a copy of each operating agreement for each operator wishing to utilize the community disposal well and system. Each agreement must be signed by both parties.

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(Continued from front)

OPERATOR	WELL NAME & NO.	SERIAL NO.	BBL SW/ MO.	TRANSPORTATION BY		
				TRUCK	PIPELINE	OTHER
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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