Scan Code: 04

Reviewer_____ Permit # **06S126 P5**
Date ____ Company_____
Well # _____
Location: ____/4; Sec ___, T ___N, R ___E; _____ F __ L, _____ F _ _ L

TECHNICAL REVIEW

Type of Injection Well: [EOR/SWD/ HC Storage] [New/Conversion] [Active/Inactive]

Injection: [Continuous/Cyclic]

Approximate # Days operating/year _____

Rate (B/D): Average _____ Maximum _____

Wellhead Pressure (psi): Average _____ Maximum _____

Fluid: TDS _____ SP.GR. _____ Analysis Included: [Yes/No]

Source (Formation Name): _____

Geologic Data (All references to depths are below land surface)

Base of Historical Usable Water: _____

Base of USDW and How Determined: _____

Injection Interval: Top _____ Bottom _____ Effective Thickness _____

Formation Name _____ Lithology _____

Porosity (%) _____ Initial Reservoir Pressure _____ Date _____

Permeability (md) _____

Confining Zones: Thickness between injection zone & USDW _____

Lithology _____

Cumulative Shale _____ Thickest Shale Zone _____ (Interval)

Well Data: (All references to depths are below land surface)

Surface Elevation _____ (KB/GL) Total Depth _____

Date Drilled or to be Drilled _____ Plugged Back Depth _____

Date Converted _____

Type Logs Available(this well/offset well): (By reference/included) _____

_____

Test Data (By reference/included) _____

Construction:	Size (In.)	Depth Interval	Sacks of Cement	Hole Size	Cement Interval	How Determined
Surface Csg.						

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Intermediate Csg.	_____	_____	_____	_____	_____
Long String Csg.	_____	_____	_____	_____	_____
Liner Csg.	_____	_____	_____	_____	_____
Tubing	_____	_____	Packer type & depth _____		

			ft^3/		# of	Total ft^3		Lin
ft / ft^3	Lin. ft.							
Type Cement =	Sx.	X	Sx.	of Cement	X	from tables	=	of Cement

Area of Review (AOR) (1/4 mile - Osage; ½ mile - O.I.L.)

Map Submitted: (Yes/No) Tabulation of Wells Submitted: (Yes/No)

Faults Located: (Yes/No); (None Present/Distance from injection well _____)

Number of Wells in AOR: Abandoned_____ Production _____ SWD _____ EOR _____

Number of Wells in Zone of Endangering Influence _____

Number of Wells Requiring Corrective Action: SWD _____ EOR _____

Well	Well Type	Problem	Corrective Action Required
_____	_____	_____	_____

Maximum Injection Pressure Calculation: Pm=(Frac Gradient - (.433 X SP.GR.)) X Depth

Pm = (.75 - (.433 X _____)) X _____ = _____ (Psi)