



# OFFICE OF CONSERVATION

## Request to Amend the Maximum Authorized Surface Injection Pressure

**MAILING ADDRESS**  
 OFFICE OF CONSERVATION – 9<sup>TH</sup> FL  
 INJECTION AND MINING DIVISION  
 617 NORTH THIRD STREET  
 BATON ROUGE, LA 70802

**APPLICATION NUMBER**  
 (FOR IMD USE ONLY)

### UIC-2 MASIP

APPLICATION TYPE				
APPLICATION TYPE:	NEW APPLICATION	RENEWAL APPLICATION		
WELL TYPE:	CLASS II SWD	CLASS II SWD COM	CLASS II EOR	
OPERATOR INFORMATION				
OPERATOR NAME				OPERATOR CODE
OPERATOR MAILING ADDRESS		CITY	STATE	ZIP CODE
CONTACT NAME	CONTACT TELEPHONE NUMBER		CONTACT EMAIL ADDRESS	
WELL DATA				
WELL NAME AND NUMBER			SERIAL NUMBER	
FIELD NAME	FIELD CODE	SEC	TWN	RNG
PARISH NAME	PARISH CODE			
METHOD FOR DETERMINING THE MASIP				
<input type="checkbox"/> NEW FLUID ANALYSIS	<input type="checkbox"/> FRICTION LOSSES	<input type="checkbox"/> FORMATION TEST	<input type="checkbox"/> OTHER	
USE SPACE BELOW IF NECESSARY TO EXPLAIN THE PROCEDURE.				
<input type="checkbox"/> I REQUEST A VARIANCE TO THE REQUIREMENTS OF LAC 43:XIX.405.B.4 AND POLICY NO. IMD 1999-03, EFFECTIVE MARCH 1, 1999 PURSUANT TO LAC:43:XIX.431 FOR ESTABLISHING THE MASIP FOR THE WELL IDENTIFIED IN THIS APPLICATION.				
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS APPLICATION AND THAT, BASED ON MY PERSONAL KNOWLEDGE OR 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 POSSIBILITY OF FINE AND IMPRISONMENT.				
PRINT NAME	PRINT TITLE			
SIGNATURE	DATE			
FOR CONSERVATION USE ONLY				
<input type="checkbox"/> WORK PROCEDURE APPROVED BY _____ DATE _____ EXP. DATE _____				
<input type="checkbox"/> MASIP REASSIGNED: FORMER MASIP _____ NEW MASIP _____ EFFECTIVE DATE _____				
<input type="checkbox"/> APPLICATION DENIED BY _____ DATE _____				
REASON _____				