

# Confidential

## RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION SPECIAL INJECTION PERMITS UNIT

### GEOLOGIC STORAGE OF CO<sub>2</sub> DATA SHEET (Class VI)

1. Operator Name _____		2. Operator P-5 No. _____						
3. Operator Address _____								
4. What type of Entity is the operator? <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other _____								
5. Facility Name _____								
6. County(s) of Injector(s) Locations _____, _____, _____			7. RRC District No. _____					
8. Primary Facility is _____ miles in a _____ direction from _____ center of nearest town								
9. Any Facility located on Indian Land <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, specify _____								
10. Source(s) of CO <sub>2</sub> _____, _____, _____								
11. Formation Names of Injection Zones _____, _____, _____								
12. New Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No		13. If no, amendment of Permit No. _____						
14. Reason for amendment: <input type="checkbox"/> Pressure <input type="checkbox"/> Volume <input type="checkbox"/> Interval <input type="checkbox"/> Data Change <input type="checkbox"/> Other (explain) _____								
15. Depth to base of deepest BUQW (ft) _____		16. Depth to base of deepest USDW (ft) _____						
17. No harm letter from TCEQ <input type="checkbox"/> Yes <input type="checkbox"/> No		18. No harm letter from GAU <input type="checkbox"/> Yes <input type="checkbox"/> No						
19. Inj Well Name and No. (Use Additional Wells page as needed)	20. Inj Rate (MT/Day)		21. Surf Inj Press (psig)		22. Surface Hole Loc NAD 83		23. Injection Interval TVD (ft)	
	Avg.	Max.	Avg.	Max.	Latitude	Longitude	Top	Bottom
24. Est. Storage Volume of injected CO <sub>2</sub> (MMT) _____				25. Injection Period (yrs) _____				
<b>CERTIFICATE</b>  As prescribed by TAC §5.203(a)(1)(C), I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				_____ Signature <span style="float: right;">Date</span>  _____ Name of person (type or print)  Phone _____ email _____				
FOR RRC USE ONLY	REGISTER NO. _____	PERMIT AMOUNTS (\$)						

