



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Geologic Resources Management Division

Injection Well Data

Supplemental information required for an application to drill a new injection well or convert an existing well to injection operations, under Part 615 or Part 625 of Act 451 PA 1994, as amended. Non-submission and/or falsification of this information may result in fines and/or imprisonment.

Instructions: Complete all portions of form which apply to this well.

Applicant: _____

Well Name and Number: _____

1. Notification information: provide name and address of the permittee of each oil, gas, and injection well and permitted location(s) within the applicable area of review (AOR) of the proposed well, and the name and address of the last surface owner(s) of record within the AOR of the proposed well.
 - a. Part 615 / Class II: Fixed AOR of 1,320 feet (1/4 mile)
 - b. Part 625: AOR varies from 1/4 mile to 2 miles based on well type and injection data.
2. File a separate plat that identifies the depth and location of the proposed well, shows each oil, gas, injection, abandoned wells, and other permitted wells within the AOR, identifies the permittee for each producing well within the AOR, and lists the surface owner(s) of record for lands within the AOR.
3. Include on the plat the locations of each artificial penetrations, including: freshwater, irrigation, and public water supply wells within the AOR.
4. Enclose copies of the completion reports for all wells and the plugging records for all plugged wells within the AOR. Describe the actions necessary to prevent injected fluids from migrating up or into inadequately plugged or completed wells.
5. If this is an existing well to be converted to an injection well, enclose this form with a full permit application package. Also enclose a copy of the completion report and geologic description and electric logs for this well.
6. Identify and describe all faults, structural features, karst, mines, and lost circulation zones within the AOR that could influence fluid migration, well competency, or induced seismicity. Include a plan for mitigating risks of identifiable features.
7. Attach a proposed plugging and abandonment plan (EQP 7200-6), along with a schematic detailing the depths, volumes, and types of cement and mechanical plugs, and depths where casing will be recovered.
8. Provide a description of the vertical and areal extent of Underground Sources of Drinking Water (USDW) in the AOR and a summary of the present and potential future uses of the waters. Provide information demonstrating that construction of the well will prevent the movement of fluid that causes endangerment to a USDW.

9. Type of fluid(s) to be Injected

- Brine
- CO₂

- Fresh Water
- Other _____

- Natural Gas

10. Maximum anticipated daily injection rate (bbls/day or MCF/day) _____

11. Specific gravity of injected fluid from analytical (from #17) _____

12. Maximum anticipated injection pressure _____

13. Maximum injection pressure at surface _____

Show calculations _____

14. Maximum bottom hole injection pressure _____

Show calculations _____

15. Fracture pressure of confining interval _____

Show calculations (Top of Confining Interval) _____

16. Fracture pressure of injection interval _____

Show calculations (Top of Injection Interval) _____

17. Attach recent chemical analysis of representative sample of injected fluid

- a. Natural gas injected for underground gas storage and fresh water are exempt
- b. Refer to S.I. 10-2023 for analytical requirements for natural gas, CO₂, and other gases
- c. Refer to Part 615/625 for analytical requirement for brine or liquid waste product

18. What was the source of the representative sample? _____

19. Is this well to be completed in a potential, previous, or current oil or gas producing formation?

- Yes
- No

20. If yes (above), provide a list of all offset permittees and proof of service of notification of this application to all permittees by certified mail.

21. Complete wellbore diagram on Attachment A

Authorized Representative

Signature

Date

Enclose form with *Application for Permit to Drill or Convert*

People with disabilities may request this material in an alternate format by emailing EGLE-Accessibility@Michigan.gov or calling 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.

Attachment A - Schematic of Wellbore Construction

List all USDW formations in AOR _____

Depth to top of the USDW(s) _____ feet

Depth to base of the USDW(s) _____ feet

Vertical distance (in feet) between top of injection Interval and base of deepest USDW

Primary confining formation _____

Depth to top _____ feet

Depth to base _____ feet

Proposed Injection formation _____

Depth to top _____ feet

Depth to base _____ feet

A. Surface casing size and length

_____ in X _____ ft

Amount of cement _____ sacks

Top of Cement _____ feet

B. Intermediate casing (if applicable) size and length

_____ in X _____ ft

Amount of cement _____ sacks

Top of Cement _____ feet

C. Long string casing size and length

_____ in X _____ ft

Amount of cement _____ sacks

Top of Cement _____ feet

D. Tubing _____ in X _____ ft

Packer Location Depth _____ feet

Amount of Open Hole _____ feet

Total depth of well or Plugged Back Total Depth _____ feet

