

RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION

Return To:
DIRECTOR, Underground Injection Control
Oil and Gas Division
Railroad Commission of Texas
Capitol Station-P.O. Drawer 12967
Austin, Texas 78711

Form H-4
4/82

APPLICATION TO CREATE, OPERATE AND MAINTAIN AN UNDERGROUND HYDROCARBON STORAGE FACILITY

| 1. Operator Name | | | | | 2. Operator No. | | | | |
|---|--|--|-----------------------|--------------------------|---|--|-------------------------------|-------------------------------|--|
| 3. Address (Street, City, State and Zip Code) | | | | | | | 4. RRC Dist. | | |
| 5. Lease Name(s), if applicable | | | | | 6a. Oil Lease No(s), if assigned | | 6b. Gas ID No(s), if assigned | | |
| 7. Field Name | | | | | 8. RRC Field No., if assigned | | 9. County | | |
| 10. General Location This facility will be _____ miles in a _____ direction from _____, (nearest post office or town.) | | | | | | | | | |
| 11. <input type="checkbox"/> New Project <input type="checkbox"/> Expansion Initial Authority Dated _____ by Special Order No. _____ | | | | | | | | | |
| 12. Type of Structure <input type="checkbox"/> domal salt <input type="checkbox"/> bedded salt | | | | | 13. Depth to Top of Caprock (ft) | | | 14. Depth to Top of Salt (ft) | |
| 15. Current Number of Cavities in Project | | | | | 16. Number of Cavities in this Application | | | | |
| 17. Cavity Name and Well No. | 18. Location (Sec., Blk., Survey) Distance from Survey Lines | 19. Size and Capacity When Fully Leached | | | 20. Injection Rate | | 21. Injection Pressure | | |
| | | Top of Cavity (ft) | Bottom of Cavity (ft) | Capacity (thousand bbls) | daily (bbls) avg. max. | | daily (psig) avg. max. | | |
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| 22. List Underground Hydrocarbon Storage Facilities within One Mile of the Proposed Facility. | | | | | | | | | |
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| <p style="text-align: center;"><u>CERTIFICATE</u></p> <p>I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that data and facts stated therein are true, correct, and complete, to the best of my knowledge.</p> | | | | | <p style="text-align: right;">_____ Signature</p> <p>Name of Person (type or print) _____ Title _____</p> <p>Telephone _____ Date _____ Area Code Number</p> | | | | |
| FOR RRC USE ONLY | | | | | | | | | |
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