

MISSISSIPPI STATE OIL & GAS BOARD APPLICATION TO CREATE, OPERATE AND MAINTAIN AN UNDERGROUND HYDROCARBON STORAGE FACILITY

| INDICATE TYPE OF FACILITY | | | | | | | |
|---|----------|--------------------------------------|-----------------------|--|--------------------------------|------------------------------|--------------------|
| <input type="checkbox"/> LPG | | <input type="checkbox"/> NATURAL GAS | | <input type="checkbox"/> COMPRESSED AIR | | <input type="checkbox"/> OIL | |
| INDICATE TYPE OF PROJECT | | | | | | | |
| <input type="checkbox"/> NEW FACILITY | | <input type="checkbox"/> EXPANSION | | <input type="checkbox"/> CONVERSION | | Previous Order No. _____ | |
| DESCRIPTION OF WELL AND LEASE | | | | | | | |
| Operator _____ | | | | Address _____ | | | |
| Lease Name _____ | | | | Well No. _____ | | Field _____ | |
| Location (Sec-Twp-Range or Block & Survey) _____ | | | | | | County _____ | |
| GENERAL LOCATION | | | | | | | |
| This facility will be _____ miles in a _____ direction from nearest town _____. | | | | | | | |
| Name of Structure _____ | | | | Depth of Caprock (ft) _____ | | Depth to Salt (ft) _____ | |
| Current Cavities in Project _____ | | | | Number of Cavities in this Application _____ | | | |
| Cavity Name & Number | Location | Size and Capacity When Fully Leached | | | Injection Rate | | Injection Pressure |
| | | Top of Cavity (ft) | Bottom of Cavity (ft) | Capacity (bbls) | Daily (bbls) Avg. Max. | | Daily (psi) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| List Underground Hydrocarbon Storage Facilities Within One Mile of Project | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Executed this the _____ day of _____, 20 _____.

State of _____

County of _____

} _____
Signature of Affiant

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath, states that he is duly authorized to make the above report and that he has knowledge of the facts stated herein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

SEAL

My commission expires _____

Signature _____
Notary Public in and for _____
County _____

APPLICAN MUST COMPLY WITH INSTRUCTIONS
ON REVERSE SIDE OF FORM

MISSISSIPPI STATE OIL & GAS BOARD
APPLICATION TO CREATE, OPERATE AND MAINTAIN AN
UNDERGROUND HYDROCARBON STORAGE FACILITY
FORM 2-A
EFF. 11/21/90

INSTRUCTIONS

Attachments and Information to Accompany Application

1. File the original application, including all attachments, with the Supervisor of the State Oil and Gas Board of Mississippi.
2. Attach a map with sections marked showing the location and depth of all wells of public record within one-quarter (1/4) mile radius of each facility well and areal limits of each storage cavity. For those wells which penetrate the top of the caprock, attach a tabulation of the wells showing the dates the wells were drilled and the present status of the wells. Attach plugging records for abandoned wells. If any nearby facilities include storage cavities that extend within one-quarter (1/4) mile of the proposed facility, map and identify those facilities.
3. Describe the geology of the site. Include, for all zones penetrated by the storage well, the geological formation name, lithologic description, thickness, and any faults or fractures. Provide geologic cross sections drawn perpendicular to each other and extending a half (1/2) mile beyond the limits of the storage cavities. Attach a copy of the electrical logs and other data used in drawing cross sections.
4. Outline step by step well completion procedures, including logging and casing testing. Describe each storage cavity well completion by diagrammatic sketch. Attach a tabulation of the casing and cementing program for each cavity well, including information on the type, size, weight, grade, and setting depth of all casing strings, number and location of centralizers, cementing technique, type and volume of cement, cement additives, and gel.
5. Describe the cavity development process, including the composition of displacement fluids, injection rates during cavity creation, cavity-boundary monitoring, method of circulation, and use of blanket liquids.
6. Attach a list of the type and composition of the liquids to be stored in each cavity.
7. Describe abandonment procedures and provide diagrammatic sketches for plugging of facility wells. State composition of the fluid to be used to fill cavities.
8. Attach a statement which describes the depth to the base of the deepest underground source of drinking water (USDW) at the facility.
9.
 - (a) Attach a plat showing the proposed areal limits of the proposed storage cavity facility and the ownership of property or leases adjacent to the proposed facility.
 - (b)
 - (1) Send copies of the application, including both sides of the form, to the surface owners located over the facility and to adjacent offset operators or leaseholders. Attach a signed statement indicating the date the copies of the application were mailed or delivered and the names and addresses of the persons to whom copies were sent.
 - (2) Attach an affidavit of publication signed by the publisher that notice of the application was published at least twenty (20) days prior to the hearing in a state newspaper of general circulation, and a newspaper of general circulation in the county where the facility will be located.
 - (c) A public hearing will be held for all new storage facilities after the Board provides notice of the hearing.