

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

GEOLOGIC STORAGE OF CO₂ 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 checked="" 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 ₂ _____																																																																																			
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																																																																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">19. Inj Well Name and No. (Use Additional Wells page as needed)</th><th colspan="2">20. Inj Rate (MT/Day)</th><th colspan="2">21. Surf Inj Press (psig)</th><th colspan="2">22. Surface Hole Loc NAD 83</th><th colspan="2">23. Injection Interval TVD (ft)</th></tr><tr><th>Avg.</th><th>Max.</th><th>Avg.</th><th>Max.</th><th>Latitude</th><th>Longitude</th><th>Top</th><th>Bottom</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				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																																																															
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24. Est. Storage Volume of injected CO ₂ (MMT)		25. Injection Period (yrs)																																																																																	
<p style="text-align: center;">CERTIFICATE</p> <p>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.</p>		<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="display: flex; justify-content: space-between;">SignatureDate</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div>Name of person (type or print)</div> <div style="display: flex; justify-content: space-between;"><div>Phone</div><div style="border: 1px solid black; height: 20px; width: 100%;"></div></div> <div style="display: flex; justify-content: space-between;"><div>email</div><div style="border: 1px solid black; height: 20px; width: 100%;"></div></div>																																																																																	
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