

**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)	
<p style="text-align: center;"><b>CERTIFICATE</b></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>									
				Signature _____ Date _____					
				Name of person (type or print) _____					
				Phone _____					
				email _____					
FOR RRC USE ONLY		REGISTER NO.				PERMIT AMOUNTS (\$)			

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1. Operator Name			2. Operator P-5 No.					
3. Operator Address								
19. Inj Well Name and No. (Additional Wells)	20. Inj Rate daily (MT/Day)		21. Surf Inj Press daily (psig)		22. Surface Hole Loc NAD 83		23. Injection Interval TVD (ft)	
	Avg.	Max.	Avg.	Max.	Latitude	Longitude	Top	Bottom