

Information on Application for Permit for Well Treatment

IDAPA 20.07.02.210, 20.07.02.211 Idaho Code § 47-316 (3)(d)

This form is six (6) pages, please read and complete all sections.

Additional Information

Fees: Idaho Code § 47-316(3)(d)

An application fee must accompany each application for permit to treat a well. No service fee is required for a well treatment permit if submitted with an Application for Permit to Drill a well.

Time Limit for Permit: IDAPA 20.07.02.210.03

If a treatment approved in a drilling permit is not commenced within one (1) year of approval, the well treatment permit will expire, and reapplication will be required. Prior to the expiration date, the operator may apply to the Department for a six-month (6) extension of the permit.

Permit Denial:

The Department may deny well treatment applications for one (1) or more of the following reasons:

1. Application is incomplete or does not contain the information in Subsection 210.01 of these rules.
2. Application fee was not submitted (Idaho Code § 47-316(1)).
3. Proposed treatment will result in a waste of oil or gas, a violation of correlative rights or the pollution of freshwater supplies (Idaho Code § 47-315).

Well Treatment Report: IDAPA 20.07.02.210.05

Within thirty (30) days after completion of the well treatment an operator shall file a Well Treatment Report detailing the work performed. The report shall include:

1. The daily production of gas, condensate, oil, and water both prior to and after the operation.
2. The size and depth of the perforations.
3. Percentages by volume of base treatment fluid, individual additives, and proppant(s).
4. Documentation demonstrating the chemicals used in the well treatment have been reported to the website [Frac Focus](https://fracfocus.org/) (<https://fracfocus.org/>) .
5. Static pressure testing results before and after the well treatment.
6. The amounts, handling, and if necessary, disposal at an identified appropriate disposal facility, or reuse of the well stimulation fluid load recovered during flowback, swabbing, recovery, or all from production facility vessels.

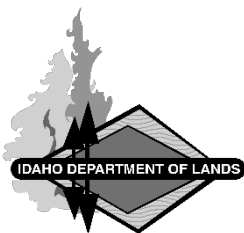
In addition to the above Well Treatment Report information, if hydraulic fracturing was applied for and was conducted during well treatment operations, include the following additional information in the well treatment report:

1. The actual total well stimulation treatment volume pumped (IDAPA 20.07.02.211.05.a).
2. The actual surface pressure and rate at the end of each fluid stage, and the actual flush volume, rate and final pump pressure (IDAPA 20.07.02.211.05.b).
3. The instantaneous shut-in pressure, and the actual fifteen (15) minute and thirty (30) minute shut-in pressures when these pressure measurements are available (IDAPA 20.07.02.211.05.c).
4. A continuous record of the annulus pressure(s) during the well stimulation (IDAPA 20.07.02.211.05.d).
5. In lieu of items 1 through 4, attach a copy of the well stimulation service contractor's job log with cost / pricing information redacted (IDAPA 20.07.02.211.05.e).
6. A report containing all details pertaining to any annulus pressure increases of more than five hundred (500) psi gauge as described in IDAPA 20.07.02.211.04, including corrective actions taken (IDAPA 20.07.02.211.05.f).
7. Results of post-treatment fluid analysis used to help determine the method of fluid disposal (IDAPA 20.07.02.211.05.g).

Compliance with IDAPA 20.07.02 is required. Please read these rules for specific details and reporting requirements.

Please submit Application to Drill, Deepen, or Plug Back to:

Idaho Department of Lands
Oil and Gas Program
300 N. 6th Street, Suite 103
P.O. Box 83720
Boise, Idaho 83720-0050



Idaho Department Of Lands
Idaho Oil And Gas Conservation Commission



Form for Application for Permit for Well Treatment

IDAPA 20.07.02.210, 20.07.02.211 Idaho Code § 47-316 (3)(d)

Operator and Well Information

Name of Operator: _____ Date: _____

Well Permit Number: _____ Well Name: _____

Operator Number: _____ API Number: _____

Local Contact: _____ Telephone: _____

Well Location: Section: _____ Township: _____ Range: _____ (or block and survey)

(Give footage from Section lines): _____

Latitude: _____ / Longitude: _____ (Dec Degrees NAD83 minimum requirement)

Datum: ☐ WGS84 ☐ NAD83 ☐ NAD27 ☐ Other: _____

Field and Reservoir (if wildcat, so state): _____ County: _____

If this is a master drilling and treatment plan, then please list all well names and permit numbers (if known) included in this application (IDAPA 20.07.02.210.02): _____

Part 1: Proposed Treatment Summary – IDAPA 20.07.02.210 (attach detailed information to this application form)

a. Depth to perforations or open hole interval being treated (IDAPA 20.07.02.210.01.a): _____

b. Local source of water, or type of base fluid if water is not used (IDAPA 20.07.02.210.01.b): _____

c. Attach list of proposed additives to be used, including: supplier, purpose, trade name, SDS information, anticipated percentage by volume, and total volume (IDAPA 20.07.02.210.01.c): _____

d. Type of proppant(s) proposed (IDAPA 20.07.02.210.01.d): _____

- e. Anticipated percentage by volume and total volumes of water or other base treatment fluid, individual additives, and proppant(s) (IDAPA 20.07.02.210.01.e): _____

- f. Estimated pump pressures required for treatment (IDAPA 20.07.02.210.01.f): _____

- g. Pressure gradient in well bore and native pressure in interval being treated (IDAPA 20.07.02.210.01.o): _____

- h. Method and timeline for management, storage, and disposal of well treatment fluids (IDAPA 20.07.02.210.01.g): _____

- i. Size and design of storage pits, if proposed, in conformance with IDAPA 20.07.02.230 (IDAPA 20.07.02.210.01.h): _____

- j. Summary of known water bearing zones from surface to bottom of well (IDAPA 20.07.02.210.01.j): _____

- k. Attach signed affidavit by the owner or operator stating that all homeowners and water well owners within one-quarter (1/4) mile of the proposed treatment well, and all owners of a public drinking water system that have an IDEQ recognized source water assessment or protection area within one-quarter (1/4) mile of the proposed treatment well have been notified of the proposed treatment (IDAPA 20.07.02.210.01.m).
- l. Attach proof of publication of a legal notice in a local newspaper in the county where the well is located briefly describing the well treatment (IDAPA 20.07.02.210.01.n).
- m. Attach current Well Bore Diagram (casing size and depths, cemented intervals, perforations, total depth, basic geology, and whether well bottom is open, cemented, etc.) (IDAPA 20.07.02.210.01.o).

Part 2: Fresh Water Protection Plan - IDAPA 20.07.02.210.01.k; IDAPA 20.07.02.210.06 (attach detailed information to this application form)

- a. Attach site-specific ground water protection and storm water Best Management Practices (BMPs) (i.e. fluid containment structures, fluid handling guidelines, automatic pressure shut offs, berms, etc.) (IDAPA 20.07.02.210.k.i).
- b. Attach a preconstruction topographic map and / or aerial photos identifying all habitable structures, wells, perennial or intermittent springs, surface waters, and irrigation ditches within one-quarter (1/4) mile of the oil or gas well to be treated (IDAPA 20.07.02.210.k.iii).

- c. Brief description of structural geology that may influence ground water flow and direction (IDAPA 20.07.02.210.01.k.iv): _____

- d. Brief description of the hydrogeological characteristics of the treatment area and surrounding land (IDAPA 20.07.02.210.01.k.v.): _____

- e. Attach a copy of the proposed freshwater monitoring program in conformance with IDAPA 20.07.02.210.06.

Part 3: Hydraulic Fracturing - IDAPA 20.07.02.211 (attach detailed information to this application form)

- a. Is the request for a permit for well treatment include hydraulic fracturing? ____ (Yes or No)
If No, skip Part 3 of the Application. If Yes, in addition to the information provided in Part 1 of this application, please include the following:
- b. The geological names and descriptions of the formation into which well stimulation fluids are to be injected (IDAPA 20.07.02.211.01.a): _____

- c. For each stage of the well stimulation program, attach a list of the chemical additives and proppants, the concentrations proposed to be mixed, and the rates of injection proposed, including:
- i. Stimulation fluid identified by additive type (IDAPA 20.07.02.211.01.b.i).
 - ii. The chemical compound name and CAS number as found on the previously submitted SDS (IDAPA 20.07.02.211.01.b.ii).
 - iii. The proposed rate or concentration for each additive and the total volume of each (IDAPA 20.07.02.211.01.b.iii).
 - iv. The formulary disclosure of the chemical compounds used in the well stimulation (IDAPA 20.07.02.211.01.b.iv).
- d. Attach a detailed description of the proposed well stimulation design, including:
- i. The anticipated surface treating pressure range (IDAPA 20.07.02.211.01.c.i).
 - ii. The maximum injection treating pressure. Accepted safety limits are generally eighty percent (80%) of the maximum pressure rating of the pressurized system (IDAPA 20.07.02.211.01.c.ii).
 - iii. The estimated or calculated fracture height in both the horizontal and vertical directions (IDAPA 20.07.02.211.01.c.iii).

- e. Attach a copy of a successful Mechanical Integrity Test (MIT) completed per the requirements as described in IDAPA 20.07.02.320. A successful MIT is defined as a pressure drop no greater than ten percent (10%) over thirty (30) minutes (IDAPA 20.07.02.211.03).
- f. Pressure monitoring of the annulus pressure at the casing head during well stimulation operations. Attach a copy of mechanical pressure monitoring records to this application (IDAPA 20.07.02.211.04).

CERTIFICATE: I, the undersigned, state that I am the _____ of _____ (company) and that I am authorized by said company to make this application and that this application was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge. I certify that all aspects of the well construction, including the suitability and integrity of the cement used to seal the well, are designed to meet the requirements of the proposed well treatment (IDAPA 20.07.02.210.I). I certify that these treatment operations will comply with Spill Prevention, Control, and Countermeasures (SPCC) requirements administered by the EPA (IDAPA 20.07.02.210.01.k.ii).

Signature: _____ Date: _____

FOR IDL USE ONLY:

Approved by: _____ Approval Date: _____

Well Permit Number: _____ Well Name: _____