Reset Form

CBM WELL STIMULATION PLAN

State Form 54893 (12-11) / Form P3

INDIANA DEPARTMENT OF NATURAL RESOURCES
Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
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FOR STATE USE ONLY	
Permit number	IGS number
Date received	Date approved
Approved by	

PART I GENERAL INFORMATION

Name of operator		
Address of operator *(Street or PO Box)* (☐ *Check here if this is a new address*)	State	ZIP code -
City	Telephone number ( ) -	

PART II SURFACE LOCATION AND LEASE INFORMATION

Name of lease						Well number	Permit number
Township	Range	Land Type >Select One< Land Number:	¼	¼	¼	Footages:	ft. from ☐ N, ☐ S, ☐ NW, ☐ SE line ft. from ☐ E, ☐ W, ☐ NE, ☐ SW line
County							

PART III COAL SEAM STIMULATION INFORMATION

Coal seam to be stimulated: Face and butt cleat orientation (if known): Estimated or calculated fracture half length (if known): Estimated or calculated fracture height (if known):	Principal strata above coal seam: Lithology:	Principal strata below coal seam: Lithology:
Coal seam to be stimulated: Face and butt cleat orientation (if known): Estimated or calculated fracture half length (if known): Estimated or calculated fracture height (if known):	Principal strata above coal seam: Lithology:	Principal strata below coal seam: Lithology:

PART IV WELL STIMULATION PLAN

Stimulation Type (*check one*): ☐ - Hydraulic fracturing ☐ - Other (*describe*):

Source of base fluid (i.e. fresh water, produced water,etc.):	Volume of base fluid:
Anticipated surface treating pressure range:	
Maximum injection treating pressure:	

Stimulation fluid additive information:

Product name	Product description (i.e. acid, proppant, biocide, scale inhibitor, etc.)	Product manufacturer	Proposed rate or concentration	Copy of MSDS attached	MSDS on file with Division of Oil and Gas
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

PART V	PLAN FOR MANAGEMENT OF STIMULATION FLUIDS AND SOLIDS
Anticipated volume of flowback fluids (as gallons or % of total stimulation fluid):	
Disposal of flowback fluids: ☐ Class II injection well - Operator name: ☐ Treatment facility – NPDES Permit #:	Permit #:
Describe disposal method for flowback solids:	

PART VI	AFFIRMATION
I affirm under penalty of perjury that the information provided in this plan is true to the best of my knowledge and belief.	
Typed or printed name of operator or authorized agent	
Signature of operator or authorized agent	Date signed *(month , day, year)*

SPECIAL REQUIREMENTS

1. Incomplete plans will be returned to the operator **without** being processed.
2. **Only** those individuals whose signatures appear in PARTS V and VI of the Organizational Report may sign this form.

REMINDERS

PART I:

- Enter the name of the operator exactly as it appears on the Organizational Report.

PART II

- Enter the lease name and well number, and location information for this well. If the well has previously been assigned a permit number, enter it on the form. For new permits, a permit number will be assigned by the division after the application is received.

PART III

- Enter information about the coal(s) to be stimulated. The strata above and below the coal(s) should be identified by lithology and name (if a name has been assigned to that stratigraphic unit).

PART IV

- Enter the information for the proposed stimulation within the coal seams. If a different type of stimulation will be used for each coal seam, please use a separate form for each type of proposed stimulation.

PART V

- Describe the way that stimulation fluid and solid wastes will be handled.

PART VI

- The signature **must** match a signature shown in Parts V or VI of the operator's Organizational Report that is currently on file with the division.

PLEASE NOTE:

- If a coal bed methane well is intended to be hydraulically fractured, on either the well survey plat that is part of the Form A15 – Application for Coal Bed Methane Well Permit **or** a separate map that is clearly labeled with the township, range, land type and scale, plot the location of the proposed coal bed methane well, labeling the distances to the closest quarter-quarter section (or other land type) lines. Draw a 500 foot (or the estimated half length of the proposed hydraulic fracture plane) radius circle around the well location. Inside the circle, plot all known water wells and all oil or gas wells that are deep enough to intersect the coal seams and label the oil and gas wells with the assigned permit number. If this item is not included with the application, the Well Stimulation Plan is not considered to be complete and processing of the application may be significantly delayed.