



Organization & Form Information

All data fields are required

Organization:	Org Type: <input type="checkbox"/> Co. <input type="checkbox"/> Corp. <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership	
WellSTAR <input type="checkbox"/> Yes WellSTAR Org ID: Account: <input type="checkbox"/> No	WellSTAR Relationship Attribute: <input type="checkbox"/> WellSTAR User <input type="checkbox"/> Admin <input type="checkbox"/> Agent	
WellSTAR Relationship Type: <input type="checkbox"/> Contact <input type="checkbox"/> Employee <input type="checkbox"/> Lease Contact <input type="checkbox"/> Production Contact <input type="checkbox"/> Subcontractor		
First Name:	Middle Name:	Last Name:
Email:	Phone Number:	
Organization Primary Address:		
Project Description:		

CSWR Application

Project Title:		
PROJECT LOCATION		
County:	Managing District: <input type="checkbox"/> CalGEM Coastal <input type="checkbox"/> CalGEM HQ <input type="checkbox"/> CalGEM Inland <input type="checkbox"/> CalGEM Northern <input type="checkbox"/> CalGEM Southern	
Address Line 1:		
Address Line 2:		
City:	State: California	Zip Code:
PERMITTING ENTITY		
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other	City/County/Other:	
Permitting Department (Local Agency) :		
ASSOCIATED CONTACTS		
Property Owner First Name:	Middle Name:	Last Name:
Property Owner Phone:	Ext.	Email:
Mailing Address Line 1:		
Mailing Address Line 2:		
City:	State:	Zip Code:
Plan Checker First Name:	Middle Name:	Last Name:
Plan Checker Phone :	Ext.	Email:
Mailing Address Line 1:		
Mailing Address Line 2:		
City:	State:	Zip Code:
Submitter First Name:	Middle Name:	Last Name:
Submitter Phone:	Ext.	Email:
Mailing Address Line 1:		

Mailing Address Line 2:		
City:	State:	Zip Code:
Others (specify): <input type="checkbox"/> Attorney <input type="checkbox"/> Consultant <input type="checkbox"/> CSWR Documentation Preparer <input type="checkbox"/> Form Contact <input type="checkbox"/> Project Manager		
First Name:	Middle Name:	Last Name:
Others - Phone:	Ext.	Email:
Mailing Address Line 1:		
Mailing Address Line 2:		
City:	State:	Zip Code:
ASSOCIATED PARCELS		
Assessor Parcel Number (APN):		

Associated Wells

(List the API, Well Designation, Operator, Field, etc. or attach a separate sheet)

Attach Documents:

- | | |
|---|---|
| <input type="checkbox"/> CSWR Casing Diagrams | <input type="checkbox"/> CSWR Paper Application |
| <input type="checkbox"/> CSWR CEQA Documents | <input type="checkbox"/> CSWR Site Plan |
| <input type="checkbox"/> CSWR Other Documents | <input type="checkbox"/> CSWR Test Results |

Acknowledgment:

The Geologic Energy Management Division (Division) does not recommend building over, or impeding access to any oil, gas, or geothermal well. Under California Public Resources Code Section 3208.1, the owner of real property on which proposed construction or development will occur, is responsible for seeking, and heeding, the Division's opinion concerning the condition of any previously abandoned wells. Well work, including cutting down or raising well casing, or mitigating leaking gas or fluids, is not to be performed without prior written approval of the State Oil & Gas Supervisor.

☐ I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

_____ Printed Name	_____ Signature	_____ Date
-----------------------	--------------------	---------------

For Division Use only:

Organization ID: _____	Form ID: _____
Application Received Date: _____	District Admin Receiver Name: _____