

Form 1012C
Commercial disposal well fluid disposal report
For the year 20
OAC 165:5-3-1(b)(1)(T)(i)OAC 165:10-1-7(b)(30)
PAYMENT REQUIRED
\$500.00 Per Well

OPERATOR:				OCC ID	
MAILING ADDRESS:					
CITY:		STATE:		ZIP:	
PHYSICAL ADDRESS CITY, STATE ZIP					
PHONE NUMBER:		FAX NUMBER:			
CONTACT PERSON:		E-MAIL:			

This form is an:

Original

Amended

Plug Date

- How was injection or disposal measure? Calculated Metered
- List or describe any repairs or testing performed on any or all wells listed on this report.
(attach additional sheet if necessary)

3. County _____ Formation Name(s) _____

4. Enter the Well's Name, Number, Legal Location, API Number, Current Permit Number, and last MIT.

Well Name & Number: _____ Legal Location: _____

API Number: _____ Packer Depth: _____

Order / Permit Number: _____ Last MIT Date: _____

5. Total Injected BBLs

a) Totals for January – June

b) Totals for July - December

Month	Average PSI	BBLs Monthly
January		
February		
March		
April		
May		
June		
Total bi-annual Injection		

Month	Average PSI	BBLs Monthly
July		
August		
September		
October		
November		
December		
Total bi-annual Injection		

6. Check the box that pertains to this well:

There were no out of state barrels collected during this time frame.

The following out of state barrels were collected during the following months:

Name of State	January – June Total BBLS	Name of State	July - December Total BBLS
1) Arkansas	_____	1) Arkansas	_____
2) Colorado	_____	2) Colorado	_____
3) Kansas	_____	3) Kansas	_____
4) New Mexico	_____	4) New Mexico	_____
5) Texas	_____	5) Texas	_____
6)	_____	6)	_____

Verification of Information

I declare and state that I have personal knowledge of the contents provided on this form, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

Signature

Title

Date