



Form 1012
Fluid Injection Report
OAC 165:5-3-1(b)(1)(T)(ii)-(iii); OAC 165:10-1-7(b)(29)
PAYMENT REQUIRED

INSTRUCTIONS

1. Required Payment: \$25.00 per well or \$2,500.00 for 100 wells or more.
2. File additional second pages if well count exceeds ten (10)
3. File one (1) copy for each enhanced recovery project, disposal or LPG storage well by January 31st for previous year's activity with fee.
4. Fresh water is defined as water containing less than 10,000 mg/l TDS or less than 5,000 PPM Chlorides.
5. If well was plugged, enter plugging date (from Form 1003C) and "Plugged" on back page of Form 1012 beside month well was plugged.
6. Complete heading, all questions which pertain to your well(s), and mail Form 1012A to the above address.

Amended Form
 This is a copy of the online version
 Wells on this report have multi-string injection

| | | |
|---|-------|--------------------------------|
| Current Operator | | Current Operator No. |
| Listed Operator by UIC (If Different from Current due to pending 10731) | | Listed Operator No. |
| Current Operator Address | | Current Operator Telephone No. |
| City | State | Zip Code |

1. TYPE OF WELL:
 Enhanced Recovery
 Disposal
 Commercial – **First Six Months**
 Commercial – **Full Report**
 LPG
2. TYPE OF FLUID INJECTED / DISPOSED:
 Saltwater
 Gas
 LPG
 Brackish Water
 Fresh Water (If checked, answer question 6.)
- 2a. How was injection or disposal measured?
 Calculated
 Metered
3. What was the total annual injected or disposed volume of fluids?
_____ Barrels
_____ MCF
4. What was the average daily well head pressure?
_____ PSI
(If more than one well, use Page 2 where directed)
5. What is the packer depth?
_____ (If more than one well, use Page 2 where directed)
6. If all or part of injected fluid is fresh water, from which source is it derived?
 Well (Depth _____ Ft)
 Pond
 Stream
 Other _____

Where is the source located?
_____ Section
_____ Township
_____ Range

7. This section is for Disposal / LPG only (Individual Well)

| | | | |
|------------|----------|-------------------------------------|--------|
| Section | Township | Range | County |
| Formation | | Depth | |
| API Number | | Authorized by OCC Order or Permit # | |

8. This section is for Enhanced Recovery only. (Project Basis)

| | | | |
|----------------------------|-----------|----------------------------|--------|
| Order No.(s)/Permit No.(s) | | OTC Production Unit Number | |
| Section | Township | Range | County |
| Pool Name | Formation | Depth | |

8a. List all API Numbers on the back of this form where directed. (uses additional back pages as needed)

9. Date of last Mechanical Integrity Test (MIT)? _____

9a. List or describe any repairs or testing performed on any or all wells listed on this report. (attach additional sheet if necessary)

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10. This is a summary overview of previously answered questions and must be completed. A. Enter the well(s) name and number; B. Enter well(s) API No.; C. Enter well(s) legal location; D. Enter well(s) most current order / permit number; E. Enter well(s) packer depth; F. Enter monthly data for daily average pressure rate and total monthly BBLs/MCF injected; G. At the bottom of each numbered column, enter annual injected volumes.

| | | | | | | | | | | |
|-------------------------------|------------|-----------------|------------|------------------|------------|------------------|------------|-------------------|------------|-------------------|
| Well Name & No. | | | | | | | | | | |
| API No. | | | | | | | | | | |
| Legal Location | | | | | | | | | | |
| Order / permit No. | | | | | | | | | | |
| Packer Depth | | | | | | | | | | |
| | PSI | Bbls/MCF | PSI | Bbls /MCF | PSI | Bbls /MCF | PSI | Bbls / MCF | PSI | Bbls / MCF |
| January | | | | | | | | | | |
| February | | | | | | | | | | |
| March | | | | | | | | | | |
| April | | | | | | | | | | |
| May | | | | | | | | | | |
| June | | | | | | | | | | |
| July | | | | | | | | | | |
| August | | | | | | | | | | |
| September | | | | | | | | | | |
| October | | | | | | | | | | |
| November | | | | | | | | | | |
| December | | | | | | | | | | |
| Total annual Injection | 0 | | 0 | | 0 | | 0 | | 0 | |

| | | | | | | | | | | |
|-------------------------------|------------|-----------------|------------|------------------|------------|------------------|------------|-------------------|------------|-------------------|
| Well Name & No. | | | | | | | | | | |
| API No. | | | | | | | | | | |
| Legal Location | | | | | | | | | | |
| Order / Permit No. | | | | | | | | | | |
| Packer Depth | | | | | | | | | | |
| | PSI | Bbls/MCF | PSI | Bbls /MCF | PSI | Bbls /MCF | PSI | Bbls / MCF | PSI | Bbls / MCF |
| January | | | | | | | | | | |
| February | | | | | | | | | | |
| March | | | | | | | | | | |
| April | | | | | | | | | | |
| May | | | | | | | | | | |
| June | | | | | | | | | | |
| July | | | | | | | | | | |
| August | | | | | | | | | | |
| September | | | | | | | | | | |
| October | | | | | | | | | | |
| November | | | | | | | | | | |
| December | | | | | | | | | | |
| Total Annual Injection | 0 | | 0 | | 0 | | 0 | | 0 | |

Verification of Information

I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, 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.

Name & Title (Typed or Print)

Signature

Address

Phone Number