

- ☐ AMENDED FORM
- ☐ THIS IS A COPY OF THE ONLINE VERSION
- ☐ WELLS ON THIS REPORT HAVE MULTI STRING INJECTION

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Underground Injection Control Department
Post Office Box 52000
Oklahoma City, Oklahoma 73152-2000

Form 1012
Rev. 2014

Annual Fluid Injection Report
OAC 165:10-5-7(b)1
January 1 thru December 31 _____

Instructions:

- 1 File additional second pages if well count exceeds ten (10)
- 2 File one (1) copy for each enhanced recovery project, disposal or LPG storage well by **February 1st** for previous year's activity.
- 3 Fresh water is defined as water containing less than 10,000 mg/1 TDS or less than 5,000 PPM Chlorides.
- 4 If well was plugged, enter the plugging date as shown on Form 1003C.
- 5 Complete heading, all questions which pertain to your well(s), and mail Form 1012A to the above address.

Current Operator		Current Operator No.
Listed Operator by UIC (If Different from Current due to pending 1073I)		Listed Operator No.
Current Operator Address		Current Operator Telephone No.
City	State	Zip Code

1 TYPE OF WELL

☐ Enhanced Recovery ☐ Disposal ☒ Commercial ☐ LPG
☒ First Six Months ☒ Full Report

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
(If more than one well, use back page where directed)

4 What was the average daily well head pressure? _____ PSI (If more than one well, use back page where directed)

5 What is the packer depth? _____ (If more than one well, use back page where directed)

6 If all or part of injected fluid is fresh water, from which source is it derived?

☐ Well (depth _____ feet) ☐ Pond ☐ Stream ☐ Other _____

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

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

(Location) Section	Township	Range	County
Formation	Depth	Authorized by OCC Order or Permit #	

7a API Number _____

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

Order No.(s) / Permit No.(s)				OTC Production Unit No.	
(Location)	Section	Township	Range	County(or counties if more than one)	
Pool Name	Formation			Depth	

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

9 Date of last Mechanical Integrity Test _____ (If project basis, attach additional page)

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

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.

	1		2		3		4		5	
A. Well Name & No.										
B. API No.										
C. Legal Location										
D. Order / permit No.										
E. Packer Depth										
	PSI	Bbls/MCF	PSI	Bbls /MCF	PSI	Bbls /MCF	PSI	Bbls / MCF	PSI	Bbls / MCF
F. January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
G. Total annual Injection	0		0		0		0		0	

	6		7		8		9		10	
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.

Signature

Title of Authorized Agent

Name (Typed or Printed)

Address

Phone