



STATE OIL AND GAS BOARD OF ALABAMA

Application for Permit to Inject Fluids

Permit Number 01 - - - (To be filled in by Board) API Number - - -

Form OGB-1C, Rev. 07/13 (File in triplicate)

Disposal operations

Enhanced recovery operations

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Well name and number 2. County 3. Well Location (actual surface) (give footage from nearest section or offshore tract lines) Section-Township-Range or Tract Latitude (NAD27) Longitude (NAD27) 4. Original permit no. (if converted) 5. Field 6. Elevation (ground) 7. Nearest oil, gas or other class II well (if less than 1,320 ft) Permit no. Name Distance (ft) 8. Date of OGB conceptual approval (Step 1) 9. Approximate date injection to begin 10. Proposed injection fluid(s) 11. Source(s) of fluids 12. Estimated daily injection volume Min. Max. 13. Proposed injection formation Name Perfs 14. Formation fracture pressure gradient (psi/ft) 15. Anticipated injection pressure Avg. Max. 16. Base of fresh water (<10,000 mg/L TDS) Formation Subsea Depth 17. Base of significant aquiclude Formation Subsea Depth 18. Last pressure test 19. If witnessed by agent of board, give name 20. Person to contact regarding this application Phone Number Fax Number E-mail Address

Remarks:

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Signature \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SEAL My commission expires \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_

ACTION OF STATE OIL AND GAS BOARD

Approved

Conditionally Approved

- SUBJECT TO: 1. All rules and regulations of the State Oil and Gas Board 2. Additional conditions:

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_