

STATE OF WYOMING
OIL AND GAS CONSERVATION COMMISSION
P. O. Box 2640, Casper Wyoming 82602

API No: _____
COUNTY: _____

Corrected
Report

Annual Application for exclusion from filing Operator's Monthly Disposal Well Report, FORM 16A.

Operator: _____ Code: _____ Address: _____
Phone No. _____ Email: _____

1. FIELD NAME: _____
DISPOSAL WELL NAME AND NUMBER: _____
QTR/QTR, SEC., TWP., RGE.: _____ Sec. _____, T. _____, R. _____

2. Geologic Name of Disposal Reservoir: _____ Reservoir Code: _____
Estimated Average Monthly Volume of Produced Water Injected in Disposal Well: _____ Bbls
Actual Monthly Volume of Produced Water Injected in the Disposal Well: _____ Bbls

3. SOURCE OF DISPOSAL VOLUMES:
FIELD NAME: _____ PRODUCING INTERVALS: _____
Attach a copy of the most recent Form 2 - Operator's Monthly Report of Wells- with wells producing water which is injected in the disposal well.
Attach a copy of the standard water analysis of the produced water which is injected in the disposal well. An analysis need not be filed if the approval for the disposal well was granted by the Commission after No. 1, 1982 or there was no change in water quality from the previous year.
Attach additional copies if more than one filed, lease, or unit supply well.

4. Is any portion of the produced water from wells which supply the disposal well:
A) Used as makeup water for an enhanced recovery project?
 No Approx. Monthly Vol. or % of total produced water used in project. _____
 Yes, identify field and lease or unit name _____
B) Surface discharged under NPDES permit?
 No Approx. Monthly Vol. or % of total produced water used in project. _____
 Yes, identify locations of discharge points: _____
Approval Number and Date: _____
C) Retained for evaporation in a surface pit serving a lease or unit or entire field?
 No Approx. Monthly Vol. or % of total produced water used in project. _____
 Yes, identify location of the pit: Name & API No. _____
of nearest well, (QQ-Sec.-Twp.-Range): _____ Sec. _____, T. _____, R. _____

5. Status of disposal well and projects/ units/ fields supplying volumes to it (check one):
A) There is no significant change from the previous annual reported dated: _____
B) Disposal well is idle. Please refile Form 16 B on reactivation of the disposal well, or annually from this date forward.
C) _____ Project supplying disposal well has been terminated.
Project Name

6. Additional comments by the applicant as appropriate:

I hereby certify that the foregoing as to any work or operation performed is a true and correct report of such work or operations
Name (Printed or Typed): _____ Title: _____
Signature: _____ Date: _____

(The space below is for State office use)
Approval Date: _____
Approved By: _____
State Oil and Gas Supervisor
Approvals sent: _____

Conditions of approval, if any: