Previous Order No(s).	used or application is protested)
existing order?	
Previous Order No(s).	
Address	L
City State Zip E-mail Address □LPG Well Name/No. WELL TO BE: Well Location □PERMIT MODIFICATION REASON: SHL 1/4, 1/4, 1/4, 1/4, BHL 1/4, 1/4, 1/4, 1/4, BHL 1/4, 1/4, 1/4, County Image Unit Name Image Unit Name Image Is well within 1/2 mile of an active or reserve municipal water well? Yes	L
E-mail Address	
Well Name/No. WELL TO BE: Well Location PERMIT MODIFICATION REASON: SHL 1/4, 1/4, 1/4, 1/4, BHL 1/4, 1/4, 1/4, 1/4, Section Township Range CONVERTED Latitude Longitude Ounty MORE THAN ONE LATERAL API No. Type of fluids to be dispose Unit Name Salt Water Is well within 1/2 mile of an active or reserve municipal water well? Yes	
Well Location Image Image	
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BHL 1/4, 1/4, 1/4, 1/4, Image Image	
Section Township Range Latitude Longitude Ocounty API No. Unit Name Type of fluids to be dispose Salt Water CO2 H2 Is well within 1/2 mile of an active or reserve municipal water well?	
Latitude Longitude DIRECTIONAL (GIVE THE BHL) County API No. Unit Name Well Data Is well within 1/2 mile of an active or reserve municipal water well?	
County API No. Unit Name Well Data Is well within 1/2 mile of an active or reserve municipal water well? DIRECTIONAL (GIVE THE BHL) MORE THAN ONE LATERAL MORE THAN ONE LATERAL Image: Color of fluids to be dispose	
API No. Unit Name Unit Name Us well within 1/2 mile of an active or reserve municipal water well? MORE THAN ONE LATERAL Type of fluids to be dispose Salt Water CO2 H2 Well Data Is well within 1/2 mile of an active or reserve municipal water well?	
Unit Name Unit Name Unit Name Well Data Is well within 1/2 mile of an active or reserve municipal water well?	
Unit Name Unit Name Salt Water CO2 H2 Well Data Is well within 1/2 mile of an active or reserve municipal water well?	d or injected
Well Data Is well within 1/2 mile of an active or reserve municipal water well? Yes No	
Is well within 1/2 mile of an active or reserve municipal water well?	S Fresh Water Natural Gas
Location of source of fluids:	
Geologic name(s) and depth of source(s):	
Geologic name or names of formations of injection zone: Perforation of injection interval: top Unit Order Number	bottom
Base of treatable water Commission maps Intervening thickness (top perforation	
Other source (specify) minus base of treatable water) Average porosity % Average permeability (Kw) Present formation pressu	re or
Shut-in static fluid level	
Injection rates and pressures Requested Injection Rate BPD/MCF Requested Injection Pressure	PSI
Approved Injection Rate BPD/MCF Approved Injection Pressure	PSI
Name of string Size Setting Depth Sacks of Cement Top of Cem	ent Determined By
SURFACE	
INTERMEDIATE	
PRODUCTION	
LINER	
TUBING	
PACKER TYPE PACKER DEPTH TOTAL DEPTH PLUG BACK	

direction with the data and facts stated herein to be true, correct and complete to the best of my knowledge and belief.

Signature

Name & Title (Typed or Printed)

Phone A/C Number

Date

Form 1015 (Continued)

- 1. Attach \$100.00 filing fee for injection and noncommercial disposal; or \$1,000.00 for commercial disposal well application.
- 2. Notice that an application has been filed shall be published by the applicant in a newspaper of general circulation in the county in which the well is located and in a newspaper of general circulation published in Oklahoma City, Oklahoma. The applicant shall file proof of publication before the application is approved. The notice shall include the application number, depth of injection interval zone, injection pressure, and volume. If no written objection is received within 15 days (30 days for commercial) from the date of publication, the application may be approved administratively.
- 3. In addition to filing Form 1015, an affidavit of mailing or delivery with names and addresses of those notified shall be filed not later than five days after the application is filed.
- 4. The well must be in the applicant's name and the applicant must have appropriate surety before the application may be approved.
- Attach signed analysis of fresh water from two or more producing wells within a one mile radius of the injection well or a notarized statement as to why samples were not submitted. The analysis must include at least Na+, Cl- andTDS.
- 6. Attach signed analysis of representative sample of water to be injected. The analysis must include at least Na+, Cl- and TDS, and must have the exact legal location where the sample was taken.
- 7. Attach plat showing subject well and total depths of all known oil and gas wells, abandoned, drilling and dry holes within 1/4 radius mile for noncommercial wells and within a 1/2 mile radius for commercial wells.
- 8. Attach Completion Report Form 1002A. If well is not in applicant's name, attach a 1073i or 1073 as needed.
- 9. Attach electric or radioactivity log of the subject well.
- 10. Attach schematic drawing of subsurface facilities including: casing size, setting depth, amount of cement used, measured or calculated, tops of cement, intermediate (if any) and production casings; size and setting depth of tubing; type and setting depth of packer; geologic name of injection zone, showing top and bottom of injection interval.
- 11. The original application and one complete set of attachments shall be mailed to the Corporation Commission's Underground Injection Control Department.
- 12. Delivery of application to surface owner(s) and offset operators. New rules for commercial and a non-commercial well exceeding 5000 BBLS a day, refer to OAC 165:10-5-5 (c). Non-commercial Under 5000 BBLS deliver to offset-operators within 1/2 mile.
- 13. A well shall not be used for injection or disposal unless annual fluid injection report Form 1012A is filed by April 1st each year.
- 14. A well must have an API Number.
- 15. Permit Modification: The application shall State the reason for the modification. If the only modification is tubing and/or packer, then only the information in OAC 165:5-7-30(c) shall be required.

The names and addresses of those to whom copies of this application and attachments have been sent.