

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

Form 1012C
 NEW 2017

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

**Commercial Disposal Well
 Semiannual Fluid Disposal Report**

OAC 165:10-5-7
 YEAR 20 ____

Instructions

- 1 Complete heading, all questions which pertain to your well(s), and mail Form 1012C to the above address.
- 2 Submit form by January 31 and July 31 for previous 6-month period.
- 3 If well was plugged, enter the plugging date as shown on Form 1003 plugging report.

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

1 How was injection or disposal measured? Calculated Metered

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

3 County Formation Name(s)

4 Enter the well's name and number, legal location, API No., packer depth, current permit number, and last MIT.

Well Name & No. <input type="text"/>	Legal Location <input type="text"/>
API No. <input type="text"/>	Packer Depth 1 <input type="text"/> 2 <input type="text"/>
Order / Permit No. <input type="text"/>	Last MIT Date <input type="text"/>

5a Total bbls or mcf injected for January - June

5b Total bbls or mcf injected for July - December

	Average PSI	BBLS/MCF monthly
January		
February		
March		
April		
May		
June		
Total bi-annual Injection		

	Average PSI	BBLS/MCF monthly
July		
August		
September		
October		
November		
December		
Total bi-annual Injection		

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 _____ Date _____