

This is a(n)
 ORIGINAL

COPY OF ONLINE VERSION

AMENDED FORM

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

Form 1012C
Rev. 10-2018
Page 1 of 2

**Commercial Disposal Well
Semiannual Fluid Disposal Report**

OAC 165:10-5-7
YEAR 20

NOTE: \$500 to file this form (see bottom of Page 2 for details)

Instructions

- 1 Complete heading, all questions which pertain to your well(s), and mail Form 1012C to the above address.
- 2 Submit form with \$500 semiannual fee by January 31st and July 31st for previous 6-month period.
- 3 If well was plugged, enter the plugging date as shown on Form 1003 plugging report.

<u>Operator</u>		<u>Operator No.</u>
<u>Operator Address</u>		<u>Telephone No.</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Email</u>		<u>Fax</u>

Plug Date

- 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., Current Permit Number, and Last MIT.

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

5a Total bbls injected for January - June

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

5b Total bbls injected for July - December

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

↓ RECEIPT NO. ↓

CHECK THE BOX BELOW THAT PERTAINS TO THIS WELL:

- THERE WERE NO OUT OF STATE BARRELS COLLECTED DURING THIS TIME FRAME.
- THE FOLLOWING OUT OF STATE BARRELS WERE COLLECTED DURING THE FOLLOWING MONTHS.

NAME OF STATE	JANUARY-JUNE TOTAL BBLs
1 ARKANSAS	_____
2 COLORADO	_____
3 KANSAS	_____
4 NEW MEXICO	_____
5 TEXAS	_____
6 _____	_____

NAME OF STATE	JULY-DECEMBER TOTAL BBLs
1 ARKANSAS	_____
2 COLORADO	_____
3 KANSAS	_____
4 NEW MEXICO	_____
5 TEXAS	_____
6 _____	_____

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

OCC FEE SCHEDULE EFFECTIVE 10-1-2018

OAC 165:5-3-1(b)(1)(T)(i)

DISPOSAL WELL SEMIANNUAL FLUID DISPOSAL REPORT
\$500 ← Pay this amount when submitting this report by January to the OCC.

OKLAHOMA CITY MAILING ADDRESS:
 Oklahoma Corporation Commission
 Attention: Central Processing
 P.O. Box 52000
 Oklahoma City, OK 73152-2000
(checks or money orders only)

HAND-DELIVERY STREET ADDRESS:
 The Jim Thorpe Office Building
 (Take to the Cashier on the First Floor)
 2101 N. Lincoln Blvd.
 Oklahoma City, OK 73105
(cash, checks or money orders only)

Send questions about payments to:
OCCRevenue@occemail.com