

OCC Operator No. _____

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

Application No. _____

Does well have an existing order? Y N

Application For Administrative Approval
OAC 165:10-5-5

PD No. _____
(If emergency order is used or application is protested)

Previous Order No(s). _____

Applicant			
Address			
City	State	Zip	
E-mail Address			
Well Name/No.			
Well Location			
SHL	1/4,	1/4,	1/4, 1/4,
BHL	1/4,	1/4,	1/4, 1/4,
Section	Township		Range
Latitude		Longitude	
County			
API No.			
Unit Name			

- COMMERCIAL DISPOSAL WELL
- ENHANCED RECOVERY INJECTION WELL
- DISPOSAL WELL
- LPG

WELL TO BE:

- PERMIT MODIFICATION REASON: _____
- DRILLED
- CONVERTED
- DIRECTIONAL (GIVE THE BHL)
- MORE THAN ONE LATERAL

Type of fluids to be disposed or injected:				
<input type="checkbox"/> Salt Water	<input type="checkbox"/> CO2	<input type="checkbox"/> H2S	<input type="checkbox"/> Fresh Water	<input type="checkbox"/> Natural Gas

Well Data

Is well within 1/2 mile of an active or reserve municipal water well? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does injection zone contain oil, gas, or fresh water within 1/2 mile? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state which				
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 bottom		
		Unit Order Number		
Base of treatable water	Commission maps	Intervening thickness (top perforation minus base of treatable water)		
	Other source (specify)			
Average porosity	%	Average permeability (Kw)	Present formation pressure or Shut-in static fluid level from surface	
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 Cement	Determined By
SURFACE					
INTERMEDIATE					
PRODUCTION					
LINER					
TUBING					

PACKER TYPE	PACKER DEPTH	TOTAL DEPTH	PLUG BACK TOTAL DEPTH

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

Date

Name & Title (Typed or Printed)

Phone A/C Number

