

# OKLAHOMA CORPORATION COMMISSION

Form 1072

Rev. 2012

OIL & GAS CONSERVATION DIVISION  
UNDERGROUND INJECTION CONTROL DEPARTMENT  
POST OFFICE BOX 52000  
OKLAHOMA CITY, OKLAHOMA 73152-2000

## Notice of Termination

OAC 165:10-5-7a

### OPERATOR

Name			Operator No.	
Address			Phone	
City	State	Zip Code	Fax	
E-mail Address				

Well Name/No.				API No.			
Location				Sec.	Twp.	Rge.	County
1/4	1/4	1/4	1/4				

Well Classification:

Disposal Well       Enhanced Recovery Injection Well       Enhanced Recovery Project

Order/Permit Authorizing Injection	Date Issued	Injection Zone
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*Note: Filing of this form terminates the order in the above space permanently and its authority to inject/dispose as a UIC well.*

### Verification of Information

I declare that I have knowledge of the contents of this form and am authorized by my organization to complete this form, which was prepared by me or under my supervision and direction with the data and facts stated herein to be true, correct and absolute to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Authorized Agent\_\_\_\_\_  
Date\_\_\_\_\_  
Print or Type Name & Title