

AFFIDAVIT OF MAILING

Ref: Application Number: _____

Operator: _____

Application for authority
to inject or dispose of saltwater into the
_____ well,

Located _____ /4, _____ /4, _____ /4, _____ /4,

Section _____, T _____, R _____

_____, County,

Oklahoma.

I, _____, being first duly sworn upon
oath, state, that I am the applicant or agent of the above
applicant. I certify that on the _____ day of _____,
2_____, I mailed a copy of the application to the respondents
named below at their respective mailing addresses:

Surface Owner and Address:

Offset Operators and Addresses within 1/2 mile (1 mile if apply
for more than 5000 BPD):

Signed _____

Subscribed and sworn to before me this ____ day of _____, 20__

NOTARY PUBLIC

My Commission Expires: _____