

Permit For One-Time Annular Injection of Reserve Pit Contents

| | | | | | |
|-----------------|--|-------|-------|------------|-----|
| Operator | | | OTC # | | |
| Address | | | | | |
| City | | State | | Zip | |
| Well Name/No. | | | API # | | |
| Location 1/4 | | 1/4 | | Sec 1/4 | Twp |
| | | | | | Rge |
| County | | | | | |

Date _____

Tracking No. _____

OCC approval _____

Date approved _____

(Note: Permit expires 90 days after completion of the well.)

Permit No. _____

OAC 165:10-5-13 authorizes administrative approval to inject onsite reserve pit contents. The applicant submits the following information:

Injection well is (check one): Drilling well, projected TD _____

Producing well, date well reached TD _____

Dry hole, date well reached TD _____

Type of onsite reserve pit fluid to be injected: Water Drilling Mud Other _____

Maximum Permit Conditions requested:

| Rate Bbls/day | Volume Bbls | Pressure psi | Top of injection interval | Base of Treatable Water |
|--|----------------|--|---------------------------|--|
| Distance from reserve pit to proposed injection well | | Distance from injection well to nearest producing well | | Distance from injection well to nearest fresh water well within 1/2 mile |

CASING AND TUBING DATA

| Name of String | Diameter | Depth | Sacks | Top of Cement | TOC Determined By |
|----------------|----------|-------|----------------------|---------------|-----------------------|
| Surface | | | | | |
| Surface | | | | | |
| Surface | | | | | |
| Surface | | | | | |
| TD | | | Top of Inj. Interval | | Base of Inj. Interval |

I declare that I have knowledge of the contents of this application, which was prepared under my direction, that the facts stated herein are true, correct and complete to the best of my belief; and that I am authorized to make this application.

Signature _____

Date _____

Name & Title (Typed or Printed) _____

Phone No. _____

INSTRUCTIONS

1. Attach a completed and signed Form 1002A or an affidavit stating that the well has not been completed and that the form will be submitted within 30 days of the date the well is completed.
2. Submit, on the face of this form, engineering specifications including diameter, setting depth, amount of cement used, measured or calculated depths to top of cement behind all strings of casing, total depth of the well, top of injection interval and base of injection interval. If well has not been drilled, submit proposed values.
3. Deliver or mail a copy of the application **OR** a copy of the Form 1000 specifying the annular injection option to the landowner on whose land the well is located, and to each operator of a producing lease within one-half mile of the subject well.
4. Submit an affidavit of mailing or delivery, containing the names and addresses of those notified with a copy of this application or of the original Form 1000; the application will then be eligible for approval 15 days after notification. **OR** have the surface owner and offset operator sign a statement of approval that pertains to this application.
5. The original application and a complete set of any attachments shall be submitted to the UIC Department.
6. Rule 165:10-5-13 specifies that the casing comprising the water boundary of the annulus used for injection must be cemented **at least 200 feet below the Base of Treatable Water.**
7. Maximum surface injection pressure cannot be greater than 1.0 psi per foot of surface casing and **cannot be greater than 1500 psi** without supporting evidence documenting the specific fracture gradient.
8. The top of the injection interval will be the bottom of surface casing (or intermediate casing) and the bottom of the injection interval will be the bottom of production casing or TD in the case of an open hole completion.
9. The operator will give the appropriate OCC District Office **at least 48 hours notice prior to starting injection.**