OIL AND GAS CONSERVATION DIVISION
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-521-2331
ogadmin@occ.ok.gov

OKLAHOMA Corporation Commission

10025

Form 1014

Application for Permit to Use Earthen Pit, noncommercial disposal or enhanced recovery well pit used for temporary storage of saltwater, or pit associated with commercial disposal well surface facility

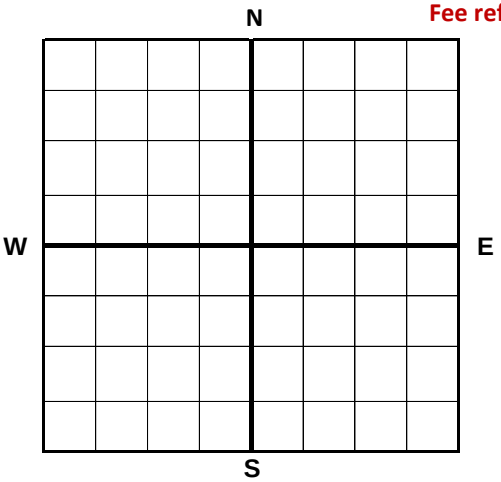
OAC 165:5-3-1(b)(1)(U)(i); OAC 165:10-1-7(b)(33)

PAYMENT REQUIRED

$250.00 for less than 10,000 barrels

$1,000 for greater than 10,000 barrels

Fee refunds are prohibited under OAC 165:5-3-1(a)(2)-(3)



Operator			
Address			
City	State	Zip Code	Oper. No.
Phone No.	Email Addr.		

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

Check type of pit:

☐ Off-Site Reserve Pit ☐ Recycling/Reuse Pit ☐ Saltwater Receiving ☐ Remediation Pit * ☐ Completion / Fracture / Workover

☐ Other (specify) _____

Pit Dimensions at base of pit

Length ft.	Width ft.	Depth ft.	Capacity

Proposed Construction

Date Begun	Date Completed	Drainage distance in feet to closest fresh water pond, stream, lake or wetland	ft.
Maximum chlorides pit will contain	mg/l	Depth below natural ground level at which contents will be held	ft.
Will pit have a soil or geomembrane liner?	☐ Yes ☐ No	Type	Thickness
* Remediation pit materials will be buried?	☐ Yes ☐ No	Materials to be placed in pit	

If application is for an off-site reserve pit and other off-site reserve pits are in the same section, show their location on the grid.

Executed this _____ day of _____, _____.

_____
Signature of Applicant

STATE OF _____)
)
COUNTY OF _____)

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states, that he is duly authorized to make the above report and that he has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission Expires: _____

_____
Notary Public

OCC Use Only

☐ **APPROVED** ☐ **DISAPPROVED** **PIT NO.** _____

_____ _____ _____
Date Expiration Date OCC Representative Signature