

OCC Operator No. _____

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

NOTE: Annotate one of the fee options on Page 2.

Does well have an existing order? Y N

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

Application No. _____

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 and Number				
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 ➡➡➡
- DRILLED
- CONVERTED
- DIRECTIONAL (GIVE THE BHL)
- MORE THAN ONE LATERAL

MODIFICATION REASON:

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:	<input type="checkbox"/> Commission maps	Intervening thickness (top perforation minus base of treatable water):	
	<input type="checkbox"/> Other source (specify):		
Average porosity _____ %	Average permeability (Kw):	Present formation pressure <u>or</u> 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

1. Attach \$250 filing fee for injection and noncommercial disposal; or \$1,500.00 for commercial disposal well application.
2. Notice that an application has been filed shall be published by the applicant in a newspaper of general circulation in the county in which the well is located and in a newspaper of general circulation published in Oklahoma City, Oklahoma. The applicant shall file proof of publication before the application is approved. The notice shall include the application number, depth of injection interval zone, injection pressure, and volume. If no written objection is received within 15 days (30 days for commercial) from the date of publication, the application may be approved administratively.
3. In addition to filing Form 1015, an affidavit of mailing or delivery with names and addresses of those notified shall be filed not later than five days after the application is filed.
4. The well must be in the applicant's name and the applicant must have appropriate surety before the application may be approved.
5. Attach signed analysis of fresh water from two or more producing wells within a one mile radius of the injection well or a notarized statement as to why samples were not submitted. The analysis must include at least Na+, Cl- and TDS.
6. Attach signed analysis of representative sample of water to be injected. The analysis must include at least Na+, Cl- and TDS, and must have the exact legal location where the sample was taken.
7. Attach plat showing subject well and total depths of all known oil and gas wells, abandoned, drilling and dry holes within 1/4 radius mile for noncommercial wells and within a 1/2 mile radius for commercial wells.
8. Attach Completion Report Form 1002A. If well is not in applicant's name, attach a 1073i or 1073 as needed.
9. Attach electric or radioactivity log of the subject well.
10. Attach schematic drawing of subsurface facilities including: casing size, setting depth, amount of cement used, measured or calculated, tops of cement, intermediate (if any) and production casings; size and setting depth of tubing; type and setting depth of packer; geologic name of injection zone, showing top and bottom of injection interval.
11. The original application and one complete set of attachments shall be mailed to the Corporation Commission's Underground Injection Control Department.
12. Delivery of application to surface owner(s) and offset operators. New rules for commercial and a non-commercial well exceeding 5000 BBLS a day, refer to OAC 165:10-5-5 (c). Non-commercial Under 5000 BBLS deliver to offset-operators within 1/2 mile.
13. A noncommercial well shall not be used for injection or disposal unless annual fluid injection report Form 1012A is filed by January 31st each year. There is a \$25 "per well" filing fee or a \$2,500 filing fee for more than 100 wells (OAC 165:5-3-1(B)(1)(T)(ii-iii)). Operators of commercial wells are required to submit a Form 1012C (Commercial Disposal Well Semiannual Fluid Disposal Report) by January 31st and July 31st of each year. There is a \$500 semiannual filing fee to file the Form 1012C (OAC 165:5-3-1(b)(T)(i)).
14. A well must have an API Number.
15. Permit Modification: The application shall State the reason for the modification. If the only modification is tubing and/or packer, then only the information in OAC 165:5-7-30(c) shall be required.

The names and addresses of those to whom copies of this application and attachments have been sent:

NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP
NAME	ADDRESS	CITY	STATE	ZIP

OCC FEE SCHEDULE EFFECTIVE 10-1-2018

(mark only one of the check-boxes below)

**COMMERCIAL
DISPOSAL WELL**

\$1,500

OAC 165:5-3-1(b)(1)(A)

**NON-COMMERCIAL
INJECTION OR
DISPOSAL WELL**

\$250

OAC 165:5-3-1(b)(1)(E)

OKLAHOMA CITY MAILING ADDRESS:

Oklahoma Corporation Commission
Attention: Central Processing
P.O. Box 52000
Oklahoma City, OK 73152-2000
(checks or money orders only)

HAND-DELIVERY STREET ADDRESS:

The Jim Thorpe Office Building
(Take to the Cashier on the First Floor)
2101 N. Lincoln Blvd.
Oklahoma City, OK 73105
(cash, checks or money orders only)

Send questions about payments to: OCCRevenue@occcmail.com

RECEIPT NO. ↓