**Annual Fluid Injection Report**

OAC 165:10-5-7(b)1
January 1 thru December 31

**Instructions:**
1. File additional second pages if well count exceeds ten (10).
2. File one (1) copy for each enhanced recovery project, disposal or LPG storage well by January 31st for previous year’s activity with fee of $25 per well or $2,500 for 100 wells or more.
3. Fresh water is defined as water containing less than 10,000 mg/l TDS or less than 5,000 PPM Chlorides.
4. If well was plugged, enter plugging date (from Form 1003C) and “Plugged” on back page of Form 1012 beside month well was plugged.
5. Complete heading, all questions which pertain to your well(s), and mail Form 1012A to the above address.

<table>
<thead>
<tr>
<th>Current Operator</th>
<th>Current Operator No.</th>
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<td>Listed Operator by UIC (If Different from Current due to pending 1073I)</td>
<td>Listed Operator No.</td>
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<td>Current Operator Address</td>
<td>Current Operator Telephone No.</td>
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<td>City</td>
<td>State</td>
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1. **TYPE OF WELL**
   - Enhanced Recovery
   - Disposal
   - Commercial
   - LPG

2. **TYPE OF FLUID INJECTED / DISPOSED**
   - Saltwater
   - Gas
   - LPG
   - Brackish Water
   - Fresh Water
   2a. How was injection or disposal measured?
      - Calculated
      - Metered

3. What was the total **annual** injected or disposed volume of fluids?
   - Barrels
   - MCF

4. What was the average daily well head pressure?
   - PSI
   (If more than one well, use Page 2 where directed)

5. What is the packer depth?
   (If more than one well, use back page where directed)

6. If all or part of injected fluid is fresh water, from which source is it derived?
   - Well (depth _______ feet)
   - Pond
   - Stream
   - Other
   Where is the source located?
   - Section, Township, Range

7. **This section is for Disposal / LPG only (Individual Well)**
   - Location
   - Section
   - Township
   - Range
   - County
   - Formation
   - Depth
   - Authorized by OCC Order or Permit #

7a. API Number

8. **This section is for Enhanced Recovery only. (Project Basis)**
   - Order No.(s) / Permit No.(s)
   - OTC Production Unit No.
   - Location
   - Section
   - Township
   - Range
   - County (or counties if more than one)
   - Pool Name
   - Formation
   - Depth

8a. List all API Numbers on the back of this form where directed. (Use additional back pages as needed)

9. **Date of last Mechanical Integrity Test**
   - (If project basis, attach additional page)

9a. List or describe any repairs or testing performed on any or all wells listed on this report. (attach additional sheet if necessary)
This is a summary overview of previously answered questions and must be completed. A. Enter the well(s) name and number; B. Enter well(s) API No.; C. Enter well(s) legal location; D. Enter well(s) most current order / permit number; E. Enter well(s) packer depth; F. Enter monthly data for daily average pressure rate and total monthly BBLS/MCF injected; G. At the bottom of each numbered column, enter annual injected volumes.

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<th>Total Annual Injection</th>
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Verification of Information
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
Title of Authorized Agent

Name (Typed or Printed)

Address
Phone
OCC FEE SCHEDULE EFFECTIVE 10-1-2018
(mark only one of the check-boxes below)
OAC 165:5-3-1(b)(29)

| Non-Commercial Disposal and Injection Well & LPG storage well report (single well) | $25 |
| Non-Commercial Disposal and Injection Well & LPG storage well report (more than 100 wells) | $2,500 |

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@occemail.com