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ORIGINAL

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AMENDED FORM

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

Form 1012C

Rev. 12-2017

Page 1

**Commercial Disposal Well
Semiannual Fluid Disposal Report**

OAC 165:10-5-7

YEAR 20 _____

Instructions

- 1 Complete heading, all questions which pertain to your well(s), and mail Form 1012C to the above address.
- 2 Submit form by January 31 and July 31 for previous 6 month period.
- 3 If well was plugged, enter the plugging date as shown on Form 1003 plugging report.

<u>Operator</u>		<u>Operator No.</u>
<u>Operator Address</u>		<u>Telephone No.</u>
<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Email</u>		<u>Fax</u>

1 How was injection or disposal measured? Calculated Metered

2 List or describe any repairs or testing performed on any or all wells listed on this report. (attach additional sheet if necessary)

3 County Formation Name(s)

4 Enter the Well's Name and Number, Legal Location, API No., Current Permit Number, and Last MIT.

Well Name & No. Legal Location

API No. Packer Depth

Order / Permit No. Last MIT Date

5a Total bbls injected for January - June

5b Total bbls injected for July - December

Month	Average PSI	BBLS monthly
January		
February		
March		
April		
May		
June		
Total bi-annual Injection		

Month	Average PSI	BBLS monthly
July		
August		
September		
October		
November		
December		
Total bi-annual Injection		

(See Page 2 for Out of State Barrels)

CHECK THE APPROPRIATE BOX WITH THE STATEMENT THAT PERTAINS TO THIS WELL.

THERE WERE NO OUT OF STATE BARRELS COLLECTED DURING THIS TIME FRAME.

THE FOLLOWING OUT OF STATE BARRELS WERE COLLECTED DURING THE FOLLOWING MONTHS.

NAME OF STATE		JANUARY-JUNE TOTAL BBLs
1	ARKANSAS	_____
2	COLORADO	_____
3	KANSAS	_____
4	NEW MEXICO	_____
5	TEXAS	_____
6	_____	_____

NAME OF STATE		JULY-DECEMBER TOTAL BBLs
1	ARKANSAS	_____
2	COLORADO	_____
3	KANSAS	_____
4	NEW MEXICO	_____
5	TEXAS	_____
6	_____	_____

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

 Date