

OGB - 1C
INSTRUCTIONS

Read Carefully and Comply Fully

Note: This application is for STEP 2 of the Class II well permit process ONLY. See OGB Rule 400-1-5-.04 for Step 1 requirements.

Application, in triplicate, must be submitted to the State Oil and Gas Board and approval obtained before injection of fluids begins. One copy will be returned following approval.

This application must be accompanied by:

- (1) Surface injection system schematic diagram
- (2) Wellbore sketch
- (3) Casing test results, Form OGB-7
- (4) Annotated E-log through injection zone
- (5) Affidavit specifying source of fluids
- (6) Analyses of fluids to be injected and fluids in the injection zone
- (7) Statement specifying proposed treatment of the injected fluids prior to injection

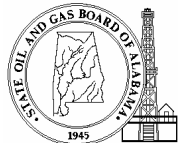
Make sure that you have given correctly all information requested. Much unnecessary correspondence will thus be avoided. **State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.**

If any of the rules and regulations of the State Oil and Gas Board have not been complied with at the time this application is filed, explain fully under the heading: "REMARKS."

The permit number assigned to this well should always be used in correspondence relating to this well.

STATE OIL AND GAS BOARD OF ALABAMA

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(205) 349-2852 Fax (205)349-2861
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Permit number
01-
API number

Application for Permit to Inject Fluids

Disposal operations [] Enhanced recovery operations []

(file in triplicate)

Name of operator _____ Date _____
Address _____ City _____ State _____ Zip _____

Well name and number _____ County _____

Well Location (give footage from nearest section or tract lines) Section-Township-Range or Tract
Latitude [][] . [][][][][] Longitude [][] . [][][][][][]

Original permit no. (if converted) _____ Field (If wildcat, so state) _____ Elevation (ground) _____

Nearest oil, gas or other class II well (if less than 1,320 ft) _____ Distance (ft) _____ Permit no. _____

Date of OGB conceptual approval (Step 1) _____ Approx. date injection to begin _____

Proposed injection fluid(s) _____ Source(s) of fluids _____ Estimated daily injection volume Min. _____ Max. _____

Proposed injection formation Name _____ Depth _____ Formation fracture pressure (psi) _____ Anticipated injection pressure (psi) Avg. _____ Max. _____

Base of fresh water (<10,000 mg/L TDS) Formation _____ Depth _____ Base of significant aquiclude Formation _____ Depth _____

Initial pressure test date _____ If witnessed by agent of board, give name _____

Person to contact regarding permit application _____ Phone number _____ Fax number _____ E-Mail address _____

Remarks: _____

Executed this the _____ day of _____, 20 _____ Signature _____

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/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL _____ My commission expires _____ Notary Public in and for _____ County, _____

ACTION OF STATE OIL AND GAS BOARD

[] Approved [] Conditionally Approved

SUBJECT TO:
1. All rules and regulations of the State Oil and Gas Board
2. Additional conditions:

APPROVED BY _____ DATE _____