



## Name, Address, Phone and/or Email of Permittee

State	County
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<b>WELL TYPE</b> Brine Disposal Enhanced Recovery Hydrocarbon Storage <b>INJECTATE DESCRIPTION</b>	<b>Locate well in two directions from nearest lines of quarter section and drilling unit</b>				
	<b>Surface Location</b>				
	1/4 of	1/4 of	Section	Township	Range
	ft. from (N/S)		Line of quarter section		
ft. from (E/W)		Line of quarter section.			
	Latitude		Longitude		

Permit or EPA ID Number	API Number	Full Well Name
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[illegible]

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Authorized Signatory and Official Title <i>(Please type or print)</i>	Signature	Date Signed
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