Approval Expires 12/31/2026



United States Environmental Protection Agency

Slate WELL TYPE Brine Disposal Enhanced Recovery Hydrocarbon Storage INJECTATE DESCRIPTION Remit or EPA ID Number API Number TOTAL VOLUME INJECTED MONTH, YEAR MAXMUM PSIG BIL GALLONS MONTH, YEAR MAXMUM PSIG GALLONS MORE	ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT							
WELL TYPE Brine Disposal Enhanced Recovery Hydrocarbon Storage INJECTATE DESCRIPTION API Number API Number TOTAL VOLUME INJECTATE MAXIMUM PSIG BBL GALLONS MOTH MAXIMUM PSIG BBL GALLONS MOT MAXIMUM PSIG MAXIMUM PSIG GALLONS MOT MAXIMUM PSIG GALLONS MOT MAXIMUM PSIG MAXIMUM PSIG	Name, Address, Phone an	id/or Email of Permittee						
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Brine Disposal Enhanced Recovery Hydrocarbon Storage INJECTATE DESCRIPTION Range 11/4 of 1/4 of Section Township Range 11/4 of 1/4 o	State				County			
Brine Disposal Enhanced Recovery Hydrocarbon Storage INJECTATE DESCRIPTION Range 11/4 of 1/4 of Section Township Range 11/4 of 1/4 o								
Enhanced Recovery Rydrocarbon Storage INJECTATE DESCRIPTION	WELL TYPE		L	ocate well in t	two directions from nea	rest lines of quarter sectior	and drilling unit	
Tube	Brine Disposal		s	Surface Location				
INJECTATE DESCRIPTION Interpretation (Injection Personally examined and am familiar with the information, believe that the information is true, according to true possibility of fine and imprisonment. (Ref. 40 CFR § 144.32).	-			1/4 of 1/4 of Section Township Range				
TUBING - CASING ANNULUS PRESSURE NAXIMUM PSIG BBL GALLONS MAXIMUM PSIG BBL GALLONS MCF MAXIMUM PSIG MAXIMUM PSIG MAXIMUM PSIG MAXIMUM PSIG BBL GALLONS MCF MAXIMUM PSIG							-	
Permit or EPA ID Number API Number TOTAL VOLUME INJECTED NJECTION PRESSURE TOTAL VOLUME INJECTED NAXIMUM PSIG BBL GALLONS MCF MAXIMUM PSIG MAXIMUM PSIG BBL GALLONS MCF MAXIMUM PSIG MAXIMUM PSIG MAXIMUM PSIG BBL GALLONS MCF MAXIMUM PSIG MAXIMUM PSI	INJECTATE DESCRIPTION	ON		ft. from (N/S) Line of quarter section				
Permit or EPA ID Number API Number TOTAL VOLUME INJECTED TUBING - CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT) MONTH, YEAR MAXIMUM PSIG BBL GALLONS MCF MAXIMUM PSIG MAXIM				ft. from (E/W) Line of quarter section.				
INJECTION PRESURE TOTAL VOLUME INJECTED ANNULUS PRESSURE (F. SPECIFIED IN PERMIT) MONTH, YEAR MAXIMUM PSIG BBL GALLONS MCF MAXIMUM PSIG MAXIMUM PSI			Latitu	Latitude Longitude				
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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)	MONTH, YEAR	MAXIMUM PSIG	ВЕ	3L	GALLONS			
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