



Annual Report For Surface Discharge
OAP 165:10-7-17(i)(7)

Permit No. _____

Operator			OCC No.
Address			Phone No.
City	State	Zip	FAX No.

Well Name/No.				API No.				
Location	1/4	1/4	1/4	1/4	Sec.	Twp.	Rge.	County

Land Application Area

1/4	1/4	1/4	1/4	Sec.	Twp.	Rge.	County
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The following facts are submitted:

Yearly discharged amount of produced waters for the year _____ bbls.

Attached hereto is the annual soil sample analysis Yes No

Attached hereto is the annual fluid sample analysis of discharged fluids Yes No

Percent of maximum application rate of TSS _____ %

Percent of maximum application rate of oil and grease _____ %

Exchangeable Sodium Percentage (ESP) _____ %

Total dissolved solids of produced water _____

Oil and grease of produced water _____

Executed this _____ day of _____, _____.

Signature of Affiant

STATE OF _____)
) SS:
COUNTY OF _____)

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

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

My Commission Expires _____ Notary Public _____