

**ARKANSAS OIL AND GAS COMMISSION
UIC DEPT.**

2215 West Hillsboro P.O. BOX 1472
El Dorado, Arkansas 71731-1472

**REQUEST FOR DISPOSAL OF RESERVE PIT FLUIDS
(Waste fluids produced during drilling)**

Operator _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ E-Mail _____ Phone _____ Fax _____

Well Name _____ Well No. _____ County _____

Section _____ Township _____ Range _____ Field _____

Exact Location _____

Method of Disposal (Check One)

Surface Casing Annulus Open Hole Perforation Other, Explain: _____

Disposal Zone(s) _____ Requested Maximum Injection Pressure (PSIG) _____

Estimated Fluid Volume to be Disposed (Bbls) _____ Estimated Time Duration of Disposal (Days) _____ Disposal Fluid Density (PPG) _____

Specify Type Fluid for Disposal _____

Casing Size	Casing Weight	Hole Size	Casing/Liner Setting Depths	Sacks Cement	Cement Yield	Total Sacks Cement	Cement Top

SURFACE CASING INTEGRITY PRESSURE TEST DATA

(Casing test must be conducted at a minimum pressure of 1000 PSIG. Test duration must be a minimum of 15 minutes).

INITIAL CASING INTEGRITY TEST

Test Start Date & Time:	Start Test Pressure:	Test End Date & Time:	End Test Pressure:
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SECOND CASING INTEGRITY TEST (Prior to beginning disposal operations or to running 2nd pipe string)

Test Start Date & Time:	Start Test Pressure:	Test End Date & Time:	End Test Pressure:
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I hereby certify this application and all information contained herein is accurate and complete to the best of my knowledge, and that injection of fluids will not begin without approval from the UIC Department of the Arkansas Oil and Gas Commission.

_____ Print Name of Company Official _____ Title _____

_____ Signature _____ Date _____

FOR UIC DEPT. USE ONLY Production in Area of Review: Yes No

USDW _____ Ft. Casing Depth _____ Ft. CALC Pressure _____ PSI MIT: Pass Fail

Application Approved Application Denied By _____ Date _____

Reason Denied: