

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
REPORT OF ANNULAR DISPOSAL

1. Operator:		4a. Well Class: Stratigraphic <input type="checkbox"/> Service <input type="checkbox"/> Development <input type="checkbox"/> Exploratory <input type="checkbox"/>			6. Permit to Drill Number:			
2. Address:		4b. Well Status: Oil <input type="checkbox"/> Gas <input type="checkbox"/> WAG <input type="checkbox"/> GINJ <input type="checkbox"/> WINJ <input type="checkbox"/> WDSPL <input type="checkbox"/>			7. Well Name:			
3. (Check one box only) Initial Disposal <input type="checkbox"/> Continuation <input type="checkbox"/> Final <input type="checkbox"/>		5a. Sundry Number:		5b. Sundry approval date:		9. Field:		
10	(h)(1) drilling mud, drilling cuttings, reserve pit fluids cement-contaminated drilling mud, completion fluids, formation fluids and any necessary water added.	(h)(2) drill rig wash fluids and drill rig domestic waste water	(h)(3) Other Commission approved substances (include descriptions in block 12)	Volume (bbls):	Number of days disposal occurred:	Disposal Beginning Dates:	Disposal Ending Dates:	Source Wells:
Previous totals (bbls):								
YYYY/Q#								
YYYY/Q#								
YYYY/Q#								
YYYY/Q#								
Total Ending Volume (bbls):						<i>Report is due on the 20th of the month following the final month of the quarter. Ex: April 20 for the first quarter.</i> <i>The report will be submitted each quarter, even with zero volumes, until the application expires.</i>		
11. Attach Required Disposal Performance Data: Pressure vs. Time <input type="checkbox"/> Step Rate Test <input type="checkbox"/> Other (Explain) <input type="checkbox"/>								
12. Remarks and Approved Substances Description(s):								
I hereby certify that the foregoing is true and correct to the best of my knowledge.								
Name: _____					Revision? <input type="checkbox"/>		Date of Revision:	
Title: _____								
Certified Signature: _____					Contact Phone: _____			
					Contact Email: _____			