RCF 3/29/85

J. J. Fox Well # 1-D
2310/S 330/W Sec 18, T-2, R9
(C&E Oil Corp Well #18)

FORM
~~Permit~~ # 1466

(09)

~~PERMIT~~ TECHNICAL REVIEW

Type Injection Well: (EOR/SWD/HC Storage) (New/Conversion)

Injection: (Continuous/Cyclic)

Approximate # days operating/year _____
Rate (B/D): Average _____ Maximum 151
Wellhead pressure (psi): Average _____ Maximum 50
Fluid: TDS _____ Sp. Gr. 1.1 (Est) Analyses included: (yes/no)
Source (formation name) _____

Geologic Data (all references to depths are below land surface)

BIA Records (Bat. 2312-2318 Bartlesville; 2474-2480 Burgess 2570-2570 Arbuckle)

Base of Historical Usable Water: 223' WW 1 mi SW
Base of USDW and how determined: 310 from Map – Elev. Correction 860-820 = 40 @ 310-40 = 270'
Injection Interval: Top ~~2470~~ 2474 Bottom ~~2570~~ ; Effective Thickness _____
Formation name Arbuckle & Bartlesville Lithology Limestone & Sandstone
Porosity (%) _____ Initial Reservoir Pressure _____ Date _____
Permeability (md) _____
Confining Zones: Thickness between injection zone and USDW 2204 ~~2240~~
Lithology Shale, Limestone, Sandstone
Cumulative shale _____ : thickest shale zone _____ (interval)

Well Data: (all references to depths are below land surface)

Surface Elevation: 820 (KB/GL) Total (Depth/Plugged Back Depth) 3094
Date Drilled or to be drilled 12/12/71
Type logs available on (this well/offset well): (By reference/included) _____

Test data: (By reference/included) _____

Construction:	Size (in)	Depth Interval	Sacks of Cement	Hole Size	Cement Interval	How Determined
Surface Csg.	~~10¾~~	~~0-500~~	~~100~~ BIA Rec'd			
Intermediate Csg.						
Long String Csg.	7"	0-2875	225	9½ (Est)	1862-2875	Calculated
Liner						
Tubing	2⅜		Packer type and depth		2450	

* → BIA Ran 1" to 400' outside 7" and circulated cement to surface.

AOR (1/4 mile radius)

Map submitted: (yes/no) Tabulation of Wells Submitted: (yes/no)
Faults Located: (yes/no); (none Present/Distance from injection well _____)
Number of wells in AOR:
Total _____ (Abandon _____; Production _____; Injection _____)
Number of wells in zone of Endangering Influence: Total _____
Number of wells Requiring Corrective Action: Total _____ (list below)

Well	Type Well	Problem	Corrective Action Required

Maximum Injection Pressure Calculation Pm = (Frac Gradient - (0.433 X Sp.Gr.)) depth

Pm = (0.75 - (0.433 X 1.1)) X ~~2510~~ 2474 = ~~633~~ 677 (psi)

OSAGE VERIFICATION FORM
****

31

FOX, J D
STAR RT A
OSAGE OK 74054

FORM WELL#	FORM WELL#	FORM WELL#	FORM WELL#	FORM WELL#
**** *******	**** *******	**** *******	**** *******	**** *******
790 1D	1466 1-B			

I CERTIFY THAT THE INFORMATION ON THE ENCLOSED VERIFICATION FORMS FOR THE ABOVE WELLS IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OWNER/OPERATOR

1-26-85
DATE

918-354-2279
TELEPHONE NUMBER

Thank you
Jim Fox

RECEIVED
JAN 30 1985
EPA 6AWS
REGION VI

RECEIVED
JAN 30 1985
EPA 6AWS
REGION VI

Form Approved. OMB No. 2000-0042. Approval expires 9-30-86

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

EPA

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

4/1/86 Dec (29) Opr due report?

NAME AND ADDRESS OF EXISTING PERMITTEE
Jimmy D. Foy
HC 60-Box 42
Osage, Okla. 74054

NAME AND ADDRESS OF SURFACE OWNER
Jack Linsdon
HC 60-Box 41
Osage, Okla. 74054

LOCATE WELL AND OUTLINE UNIT ON SECTION PLAT — 640 ACRES

N
W
E
S

STATE	COUNTY	EPA ASSIGNED FORM #
OK	Osage	1466

SURFACE LOCATION DESCRIPTION
SW ¼ OF ¼ OF AB ¼ SECTION 21 TOWNSHIP 9 RANGE

LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT

Surface Location 330 ft. from (N/S) ____ Line of quarter section
and 330 ft. from (E/W) ____ Line of quarter section

1229

WELL ACTIVITY
- ☒ Brine Disposal
- ☐ Enhanced Recovery
- ☐ Hydrocarbon Storage

TYPE OF AUTHORIZATION
- ☐ Individual
- ☐ Area

Number of Wells 1

Lease Name Russell Well Number 1-B

SOUTH QUADRANT
Osage County, OKLAHOMA

MONTH YEAR	INJECTION PRESSURE AVERAGE PSIG	INJECTION PRESSURE MAXIMUM PSIG	TOTAL VOLUME INJECTED BBL	TOTAL VOLUME INJECTED MCF	TUBING — CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MINIMUM PSIG	TUBING — CASING ANNULUS PRESSURE (OPTIONAL MONITORING) MAXIMUM PSIG
01-85	0	0	375	0	0	0
02-85	0	0	390	"		
03-85	0	0	360	"		
04-85	0	0	380	"		
05-85	0	0	375	"		
06-85	0	0	385	"		
07-85	0	0	360	"		
08-85	0	0	one well down 240	"		
09-85	0	0	380	"		
10-85	0	0	390	"		
11-85	0	0	370	"		
12-85	0	0	365	"		

CERTIFICATION

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).

NAME AND OFFICIAL TITLE *(Please type or print)*	SIGNATURE	DATE SIGNED
Jim Foy (owner)	Jimmy D. Foy	3-18-86

EPA Form 7520-11 (2-84)

Jim [illegible]
Star Rt. A
Osage, Ok. 74057

Inventory

29

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON DC 20480

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

OPERATOR; ~~DOWNEY OIL CO~~ ~~RED EAGLE RT BOX 394~~ ~~PAWHUSKA OK 74056~~

Not cleared

OWNER: ~~DOWNEY OIL CO~~ ~~RED EAGLE RT BOX 394~~ ~~PAWHUSKA OK 74056~~

STATE: OK COUNTY: OSAGE INVENTORY NO: 1466
QTR. SECTION: SW SECTION: 18 TOWNSHIP: 21 RANGE: 09 SURFACE LOCATION: 2310S0330W

WELL ACTIVITY	TYPE OF PERMIT	LEASE NAME	WELL NUMBER
ENCHANCED RECOVERY	[X] INDIVIDUAL	Randall	1-B
NO. OF WELLS: 1	[ ] AREA		

** SOUTH QUADRANT REPORTING FORM **

01/29/1987

	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING-CASING ANNULUS PRESSURE(OPTIONAL MONITOR)	
MONTH YR	AVG PSIG	MAX PSIG	BBL	MCF	MIN PSIG	MAX PSIG
** 01-86 **	0	0	405	0		
** 02-86 **	0	0	390	0		
** 03-86 **	0	0	425	0		
** 04-86 **	0	0	420	0		
** 05-86 **	0	0	430	0		
** 06-86 **	0	0	435	0		
** 07-86 **	0	0	430	0		
** 08-86 **	0	0	450	0		
** 09-86 **	0	0	440	0		
** 10-86 **	0	0	465	0		
** 11-86 **	0	0	480	0		
** 12-86 **	0	0	470	0		

CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (REF. 40 CFR 122.22).

NAME AND OFFICIAL TITLE	SIGNATURE	DATE SIGNED
	Jimmy Nichol	1-20-87

RECEIVED
JAN 29 1987
EPA 6W-S
REGION VI

RECEIVED
JAN 7 1987
EPA 6W-S
REGION VI

RECEIVED
JAN 05 1987
OSAGE UIC PROGRAM

Russell 1

(29)

2/4/88

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON DC 20480

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

OWNER: Jimmy D. FOX
HC 60 Box 42
Osage, Okla.

OPERATOR: Jimmy D. Fox
H C 60 Box 42
Osage, OKla. 74054

INVENTORY NO: 1466

STATE: OK COUNTY: OSAGE
QTR. SECTION: SW SECTION: 18 TOWNSHIP: 21 RANGE: 09 SURFACE LOCATION: 2310S0330W

WELL ACTIVITY: ENCHANCED RECOVERY
TYPE OF PERMIT: [X] INDIVIDUAL [ ] AREA
NO. OF WELLS: 1
LEASE NAME: Russell
WELL NUMBER: 1-B

** SOUTH QUADRANT REPORTING FORM **

MONTH	YR	INJECTION PRESSURE AVG PSIG	INJECTION PRESSURE MAX PSIG	TOTAL VOLUME INJECTED BBL	TOTAL VOLUME INJECTED MCF	TUBING-CASING ANNULUS PRESSURE (OPTIONAL MONITOR MIN PSIG	MAX PSI
** 01-8	**	0	0	470	0		
** 02-8	**	0	0	460	0		
** 03-8	**	0	0	475	0		
** 04-8	**	0	0	490	0		
** 05-8	**	0	0	480	0		
** 06-8	**	0	0	501	0		
** 07-8	**	0	0	485	0		
** 08-8	**	0	0	499	0		
** 09-8	**	0	0	487	0		
** 10-8	**	0	0	506	0		
** 11-8	**	0	0	497	0		
** 12-8	**	0	0	512	0		

CERTIFICATION

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DE TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFOR SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SY OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, AC AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMIT FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR VIOLATIONS. (REF. 40 CFR 122.22).

NAME AND OFFICIAL TITLE

SIGNATURE Jimmy D. Fox

DATE SIGN 1-20-

RECEIVED
FEB 2 1988
EPA GW-S

(29)

United States Environmental Protection Agency
Washington, D.C. 20480

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: FOX JD
HC 60 BOX 42
OSAGE OK 74054

Owner: FOX JD
HC 60 BOX 42
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1466
Qtr.Section: SW Section: 18 Township: 21 Range: 09 Surface Location: 2310S0330W

Well Activity	Type of Permit	Lease Name	Well Number
Enchanced Recovery [X]	Individual	Russell	1-B
No. of Wells: 1 [ ]	Area		

mb 2/15/89

==== South Quadrant Reporting Form ====

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure(Optional Monitor)	
Month Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 1988	0	0	730	0		
Feb 1988	0	0	"	0		
Mar 1988	0	0	"	0		
Apr 1988	0	0	"	0		
May 1988	0	0	"	0		
Jun 1988	0	0	"	0		
Jul 1988	0	0	"	0		
Aug 1988	0	0	"	0		
Sep 1988	0	0	"	0		
Oct 1988	0	0	"	0		
Nov 1988	0	0	"	0		
Dec 1988	0	0	"	0		

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title: Jimmy D. Fox (owner)
Signature:
Date Signed: 1-25-89

RECEIVED
FEB 14 1989
EPA GW-S
REGION VI

dmc
1-31-90

(29)

United States Environmental Protection Agency
Washington, D.C. 20430

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

Owner: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1466
Qtr.Section: SW Section: 18 Township: 21N Range: 09E Surface Loc: 2310S-0330W

Well Activity	Type of Permit	Lease Name	Well Number
Enhanced Recovery	[X] Individual	Russell	1-B
No. of Wells: 1	[ ] Area		

==== South Quadrant Reporting Form ====

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure(Optional Monitor)	
Month Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 1989	0	0	980	0		
Feb 1989	0	0	970	0		
Mar 1989	0	0	980	0		
Apr 1989	0	0	965	0		
May 1989	0	0	1020	0		
Jun 1989	0	0	985	0		
Jul 1989	0	0	990	0		
Aug 1989	0	0	1030	0		
Sep 1989	0	0	1030	0		
Oct 1989	0	0	1030	0		
Nov 1989	0	0	1020	0		
Dec 1989	0	0	1030	0		

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title	Signature	Date Signed
Jim Fox (owner)	Jimmy D. Fox	1-20-90

RECEIVED
JAN 30 1990

(29)

United States Environmental Protection Agency
Washington, D.C. 20480

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

Owner: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

Inventory No: 1466

State: OK County: OSAGE
Qtr.Section: SW Section: 18 Township: 21N Range: 09E Surface Loc: 2310S-0330W

Well Activity	Type of Permit	Lease Name	Well Number
Enchanced Recovery	[X] Individual	Russell	1-B
No. of Wells: ____	[ ] Area		

Jm 3-8-93

==== South Quadrant Reporting Form ====

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 1992	160	190	475		0	
Feb 1992	"	"	"		"	
Mar 1992	"	"	"		"	
Apr 1992	"	"	"		"	
May 1992	"	"	"		"	
Jun 1992	"	"	"		"	
Jul 1992	"	"	"		"	
Aug 1992	"	"	"		"	
Sep 1992	"	"	"		"	
Oct 1992	"	"	"		"	
Nov 1992	"	"	"		"	
Dec 1992	"	"	"		"	

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title	Signature	Date Signed
Jim Fox (owner)	Jimmy D. Fox	1-2-93

MAR 3 ...
6 W-S

(29)

United Sta s Environmental Protectio gency
Washington, D.C. 20480

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

Owner: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1466
Qtr.Section: SW Section: 18 Township: 21N Range: 09E Surface Loc: 2310S-0330W

Well Activity	Type of Permit	Lease Name	Well Number
Enchanced Recovery	[X] Individual	Russell	1-B
No. of Wells: ____	[ ] Area		

Dow 4.28-92

==== South Quadrant Reporting Form ====

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure(Optional Monitor)	
Month Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 1991	0	125	750			
Feb 1991	"	"	800			
Mar 1991	"	"	"			
Apr 1991	"	"	"			
May 1991	"	"	"			
Jun 1991	"	"	"			
Jul 1991	"	"	"			
Aug 1991	"	"	"			
Sep 1991	"	"	"			
Oct 1991	"	"	"			
Nov 1991	"	"	"			
Dec 1991	"	"	"			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title	Signature	Date Signed
Owner	Jimmy D. Fox	4-15-92

SECOND REQUEST - NOTICE OF REPORT DUE

(29)

United States Environmental Protection Agency
Washington, D.C. 20480

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

Owner: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1466
Qtr.Section: SW Section: 18 Township: 21N Range: 09E Surface Loc: 2310S-0330W

Well Activity	Type of Permit	Lease Name	Well Number
Enchanced Recovery	[X] Individual	Russell	1-B
No. of Wells: ____	[ ] Area		

Jan 3-6-91

==== South Quadrant Reporting Form ====

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure(Optional Monitor)	
Month Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 1990	0	0	975	0	0	0
Feb 1990	"	"	1000	"	"	"
Mar 1990	"	"	"	"	"	"
Apr 1990	"	"	"	"	"	"
May 1990	"	"	"	"	"	"
Jun 1990	"	"	"	"	"	"
Jul 1990	"	"	1025	"	"	"
Aug 1990	"	"	"	"	"	"
Sep 1990	"	"	"	"	"	"
Oct 1990	"	"	950	"	"	"
Nov 1990	"	"	"	"	"	"
Dec 1990	"	"	"	"	"	"

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title	Signature	Date Signed
owner	Jimmy D. Fox	2-18-91

RECEIVED
WATER SUPPLY BRANCH
91 MAR -6 AM 10:52

PERMIT #_____

INVENTORY # OS-14166

WELL TYPE: (DISPOSAL/EOR)

WELL STATUS: (NEW/CONVERSION/E[illegible]ING)

(28)

MECHANICAL INTEGRITY TEST

COMPANY NAME J. D. Fox ADDRESS 11 C. 60 Box 42 Osage, OK 74054

WELL NAME & NO. Russell #1-B ; 330 ft. FROM [N/S] LINE AND 330 ft. FROM [E/W] LINE.

LEGAL DESCRIPTION SW/4; Sec. 18 ; Twp. 21 ; Rge. 9 2875-3100' Arbuckle 2807

MAXIMUM AUTHORIZED PRESSURE 677# INJECTION INTERVAL ~~2474-2510~~ PACKER DEPTH ~~2450'~~

I. DEMONSTRATED NO SIGNIFICANT FLUID MOVEMENT INTO USDW THROUGH ADJACENT WELL BORE CHANNELS:

(YES/NO) DATE: 3/29/85 REVIEWER: D Peckham

II. NO SIGNIFICANT LEAK IN CASING, TUBING, OR PACKER:

(A) TUBING-PACKER PRESSURE TEST

WELL: (INJECTING/SHUT-IN) TIME SINCE: SHUT-IN OR INJECTION BEGAN 1 day ANNULUS FILLED 1 day 24 hrs

PRESSURE: TUBING 0 CASING 0 LIQUID TYPE: INJECTION Salt water ANNULUS Salt water.

ANNULAR FLUID FLOW: (YES/NO) TIME FOR FLOW TO STOP 0 ESTIMATED FLOW VOLUME 0 qt.

(B) CASING-TUBING ANNULUS PRESSURE TEST

TUBING PRESSURE + 200 # INJECTION RATE 800-1000 (S.T.) BPD (DURING TEST OR BEFORE SHUT-IN)

9:55 A.M.

TIME	TUBING PRESSURE	ANNULUS PRESSURE
0 MIN	0 (Valve open)	205
5 MIN	0 "	205
10 MIN	0 "	205
20 MIN	0 "	205
30 MIN	0 "	205

CASING SIZE 7" w/ 4½" liner TUBING SIZE 2 7/8" FLOW BACK VOLUME 3½ qts

(C) ADA PRESSURE TEST

DEPTH TO TOP PERFORATIONS OR OPEN HOLE_____ DEPTH TO FLUID LEVEL_____

FLUID COLUMN HEIGHT_____ x SP.GR. _____ x .433 = _____ PSIG REQUIRED FOR TEST.

MAXIMUM PRESSURE REACHED_____

PRESSURE AFTER 5 MINUTES_____

PRESSURE AFTER 10 MINUTES_____

PRESSURE AFTER 20 MINUTES_____

PRESSURE AFTER 30 MINUTES_____

(D) MONTHLY CASING-TUBING MONITORING

SYSTEM (OPEN/CLOSED); FLUID LEVEL ABOVE GL_____ PRESSURE_____

MONITORING SYSTEM ADEQUATE: (YES/NO)

(E) TUBING PRESSURE/FLOW RATE MONITORING

FLOW RATE_____ BPD TUBING PRESSURE_____

RECEIVED

NOV 06 1990

UIC SECTION

(F) RADIOACTIVE TRACER SURVEY

DATA & INTERPRETATION SHOW: (LEAK/NO LEAK)

NATURE & DEPTH OF LEAK:_____

III. REMARKS 4½" Liner cmtd to surface / 2 7/8" tbg set at 4[illegible]

* Notice THAT ALL PWR perfs were Isolated by new CASING AND Injection is in Open hole ARBUCKLE. 2875-3[illegible]

DATE 10/2/90 TEST WITNESSED BY: _____ (EPA FIELD INSPECTOR) _____ (COMPANY REPRESENTATIVE)

IV. FROM THE KNOWLEDGE OBTAINED FROM THE ABOVE TESTS, IT IS MY OPINION THAT THIS WELL HAS MECHANICAL INTEGRITY: (YES/NO)

_____ EPA ENGINEER

10-4-90 DATE

United States Environmental Protection Agency
Washington, D.C. 20480

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

(29)

Operator: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

Owner: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1466
Qtr.Section: SW Section: 18 Township: 21N Range: 09E Surface Loc: 2310S-0330W

Well Activity	Type of Permit	Lease Name	Well Number
Enhanced Recovery	[X] Individual	Russell	1-B
No. of Wells: 2	[ ] Area		

Jm 6-14-95

==== South Quadrant Reporting Form ====

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure(Optional Monitor)	
Month Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 1994	0	0		0	0	
Feb 1994	0	0	0	0	0	0
Mar 1994	0	0	0	0	0	0
Apr 1994	0	0	0	0	0	0
May 1994	0	0	0	0	0	0
Jun 1994	0	0	0	0	0	0
Jul 1994	0	0	0	0	0	0
Aug 1994	0	0	0	0	0	0
Sep 1994	0	0	0	0	0	0
Oct 1994	0	0	0	0	0	0
Nov 1994	0	0	0	0	0	0
Dec 1994	0	0	0	0	0	0

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title	Signature	Date Signed
Jim Fox ~~6-5-95~~ - Owner	Jimmy D. Fox	6-5-95

SECOND REQUEST - NOTICE OF REPORT DUE

RECEIVED
JUN 9 1995
6 W-S

C.C. Bob Quance

(30)

ENVIRONMENTAL PROTECTION AGENCY
REGION 6, UIC INSPECTION REPORT
UIC Program, P.O. Box 1495, Pawhuska, Oklahoma 74056

Inspection Reason: FLM Inventory No.: OS1466
Operator: Name: JIMMY D. FOX
Address: HC 60 BOX 42 OSAGE, OK. 74054
Individual Contacted: NONE. Title:

WELL INFORMATION:

Well Name and Number: RUSSELL # 1-B
Location: 0330 ft F N L, 0330 ft F W L; SW /4, Sec. 18, T 21N, R 9E
Well Type: ENHANCED RECOVERY
Authorization: RULE Authorization to Inject Date:
Authorized: Pressure: 0677 psi Rate: N/A BPM
Long-String Casing Diameter: 4.5 inches Tubing Diameter: NONE. inches
Base of Underground Sources of Drinking Water: 270 Feet Subsurface

CONDITIONS ON INSPECTION DATE:

Lease Status: ACTIVE
Well Status: Hooked up for injection? NO Injecting? NO
Required Fittings: Tubing? N/A Annulus? N/A
Tubing Pressure: N/A psi; How Determined? 1 JT. 2.88 TBG.
Annulus Pressure: 0 psi; How Determined? UIC GAUGE.
Injection Rate: 0 bpd; How Determined? T.A. WELL.
Static Fluid Level:
Tubing: N/A feet subsurface; How Determined?
Annulus: 0842 feet subsurface; How Determined? ECHO.
Samples Taken? NO Photographs Taken? NO

Observations: T.A. WELL. CSG. HEAD W/ 2.88 ~~TG~~ tbg STICKING 20ft. ABOVE WELL HEAD. NO LINES CONNECTED TO WELL.

Inspection Date: 10/18/95 Time: Arrived: 11:15AM Departed: 11:30AM

Inspector: Andrew Yates

Evaluation: Name: R Quance Date: 10-31-95
Inspection Results: 1. Follow-Up: A Frequency: NR
Violation Code: None Reason:

Qmw 11-1-95

29

United States Environmental Protection Agency
Washington, D.C. 20480

RECEIVED
US EPA, DALLAS, TEXAS
1996 JUN 27 P 3:09
AR/LA/OK NPDES SEC.
GEN - WD

ANNUAL FLUID LEVEL MONITORING REPORT

Operator: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

Owner: FOX JIMMY D
BOX HC 60
OSAGE OK 74054

Inventory No: 1466

State: OK County: OSAGE
Qtr. Section: SW Section: 18 Township: 21N Range: 09E Surface Loc: 2310S-0330W

Well Activity	Type of Permit	Lease Name	Well Number
Enchanced Recovery	|_| Individual		1-B
No. of Wells: ____	|_| Area	USDW Feet: 270	

==== South Quadrant Fluid Monitor Report Form ====

	Static Fluid Level (Feet Sub-Surface)	
Month Yr	Tubing	Annulus
Jan 1995		
Feb 1995		
Mar 1995		
Apr 1995		
May 1995		
Jun 1995		
Jul 1995		
Aug 1995		
Sep 1995		
Oct 1995		
Nov 1995		
Dec 1995		

Data to Dept of Ed

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title	Signature	Date Signed

SECOND REQUEST - NOTICE OF REPORT DUE

United States Environmental Protection Agency 1466
Washington, D.C. 20480

29

ANNUAL FLUID LEVEL MONITORING REPORT

JUN 05 2000

Operator:	Owner:
Dean Eyler P.O. Box 260 Cleveland, OK 74020	Dean Eyler P.O. Box 260 Cleveland, OK 74020

State: OK County: Osage Inventory Number: OS1466
Quarter Section: SW Section: 18 Township: 21 Range: 9
Surface Location: 2310S-330W

Well Activity	Type of Permit	Lease Name	Well Number
[Brine Disposal/ Enhanced Oil Recovery]	|X| Individual	Russell	1-B
No. of Wells: 1	|_| Area	USDW Feet:	

_____ Quadrant Fluid Level Monitoring Report

Month/Year	STATIC FLUID LEVEL (FEET SUBSURFACE) Tubing	Annulus
Jan 1997		
Feb 1997		
Mar 1997		
Apr 1997		
May 1997		
Jun 1997		
Jul 1997		
Aug 1997		
Sep 1997	923'	
Oct 1997		
Nov 1997		
Dec 1997		

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OSAGE NATION
EPA

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 C.F.R. §122.22).

Name and Official Title	Signature	Date Signed
Dean Eyler owner		5-18-00

06-08-00
25

1466

United States Environmental Protection Agency
Washington, D.C. 20480

29

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

JUN 05 2000

Operator:	Owner:
Dean Eyler P.O. Box 260 Cleveland, OK 74020	Dean Eyler P.O. Box 260 Cleveland, OK 74020

State: OK County: Osage Inventory Number: OS 1466
Quarter Section: SW Section: 18 Township: 21N Range: 9E
Surface Location: 2310S-330W

Well Activity: [Brine Disposal/ Enhanced Oil Recovery]
No. of Wells: _____

Type of Permit: |_| Individual |_| Area

Lease Name: _____

Well Number: 1-B

_____ Quadrant Reporting Form

	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING/CASING ANNULUS PRESSURE (OPTIONAL MONITOR)	
Mth/Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 98						
Feb 98						
Mar 98						
Apr 98						
May 98						
Jun 98						
Jul 98						
Aug 98						
Sep 98						
Oct 98						
✓ Nov 98	Vac		15,000			
✓ Dec 98	Vac		20,000			

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OSAGE NATION
EPA/UIC

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Name and Official Title	Signature	Date Signed
Dean Eyler owner		5-18-00

06-08-00

ed States Environmental Protection y
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

Annual Fluid Level Monitoring Report

Operator: DEAN EYLER
PO BOX 260
CLEVELAND OK 74020

Owner: DEAN EYLER
PO BOX 260
CLEVELAND OK 74020

State: OK **County:** OSAGE **Inventory Number:** OS1466000

Qtr Section: SW **Section:** 18 **Township:** 21N **Range:** 09E **Surface Location:** 2310S-0330W

Well Activity	Type of Permit	Lease Name	Well Number
ENHANCED RECOVERY	☐ Individual	Russell	1-B
No. of Wells: _____	☐ Area	USDW:0270 Feet	

All Quadrant Reporting Form

	STATIC FLUID LEVEL (FEET SUBSURFACE)	
Month Year	Tubing	Annulus
Jan 1998		883'
Feb 1998		
Mar 1998		
Apr 1998		
May 1998		
Jun 1998		
Jul 1998		
Aug 1998		
Sep 1998		
Oct 1998	MIT done	P 10-19-98
Nov 1998		
Dec 1998		

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
Dean Eyler owner		5-18-00

United States Environmental Protection Agency 1466
Washington, D.C. 20480

29

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

JUN 05 2000

Operator:	Owner:
Dean Eyler P.O. Box 260 Cleveland, OK 74020	Dean Eyler P.O. Box 260 Cleveland, OK 74020

State: OK County: Osage Inventory Number: OS1466
Quarter Section: SW Section: 18 Township: 21 Range: 9
Surface Location: 2310S-330W

Well Activity	Type of Permit	Lease Name	Well Number
[Brine Disposal/ Enhanced Oil Recovery]	[X] Individual	Russell	1-B
No. of Wells: 1	[ ] Area	_____ Quadrant Reporting Form	

	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING/CASING ANNULUS PRESSURE (OPTIONAL MONITOR)	
Mth/Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 99	VAC		-0-			
Feb 99	VAC		15,000			
Mar 99	VAC		15,000			
Apr 99	VAC		15,000			
May 99	VAC		-0-			
Jun 99	VAC		-0-			
Jul 99	VAC		-0-			
Aug 99	VAC		-0-			
Sep 99	VAC		-0-			
Oct 99	VAC		-0-			
Nov 99	VAC		-0-			
Dec 99	VAC		-0-			

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MAY 18 2000
OSAGE NATION
EPA/UIC

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Name and Official Title	Signature	Date Signed
Dean Eyler owner		5-18-00

06-08-00
DS

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency
P. O. Box 1495
Pawhuska, OK 74056

Inspector: Gary J. Scott Dt/Tm Inspected: **6/14/2004 12:00:00 PM** Duration: 0.5
Operator Representative: NONE Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: TERMINATED BY BIA Inventory No.: **OS1466** API Well No. 35-113-21080-00-00
Well Name/No.: 1-B Status: TA
PAWHUSKA, OK 74056 Location: SW 18 21N 9E 330W - 2310S Well Type: EOR
Phone: _____ Field Nm: _____ Lat/Lng: **36.295603, 96.389246 G**

ROUTINE UIC INSPECTION

Purpose: EPA Request Responsible Company at Time of Inspection: TERMINATED BY BIA
Inspect No.: iGJS0417385893 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 10/19/1998 Test Result: A Casing: 7.000 in. Tubing: 2.375 in. USDW: 270 ft subsurf

Monitoring Device Elected:	
Monitoring Device:	
FLM Canister Pressure:	
Lease Status:	InActive
Barrel Monitor Hooked Up?:	
Barrel Fluid Level (%):	
Flowline Hooked Up?:	Y
Injecting?:	N

	Tubing	Annulus	
Fittings:	Y	Y	**AUTHORIZED**
Actual Pressure:	0	0	Max Pressure: 677
How Determined?:	OV	OV	Min Req Press:
Static Fluid Level:	407	289	Max Rate:
How Determined?:	E	E	

Injection Rate (bpd): _____ How Rate Determined? _____

Comments

WELL IS CONNECTED TO INJECTION LINE BUT VALVES ON WELL WERE CLOSED.

AO req. by plugging 9/1/04

Evaluation: Name: Ronald [illegible] Date: 6/24/04
Inspection Results: ~~FOB~~ B Follow-up: A Reason: Sec
Violation Code: B Frequency: NR

JUN 30 2004
FA

Received Date: 6/23/200

6/24/04

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United States Environmental Protection Agency
Washington, D.C. 20480

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: DEAN EGLER	Owner: Dean Egler

State: County: OSAGE Inventory Number: OS 1466
Quarter Section: SW Section: 18 Township: 21N Range: 9E
Surface Location:

Well Activity	Type of Permit	Lease Name	Well Number
[Brine Disposal/ Enhanced Oil Recovery]	|_| Individual		1-B
No. of Wells:_____	|_| Area	South Quadrant Reporting Form	

	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING/CASING ANNULUS PRESSURE (OPTIONAL MONITOR)	
Mth/Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
JAN 2001	-0-	-0-	-0-			
FEB 2001	-0-	-0-	-0-			
MARCH 2001	-0-	-0-	-0-			
APRIL 2001	-0-	-0-	-0-			
MAY 2001	-0-	-0-	-0-			
JUNE 2001	-0-	-0-	-0-			
JULY 2001	-0-	-0-	-0-			
AUGUST 2001	-0-	-0-	-0-			
SEPT 2001	-0-	-0-	-0-			
OCT 2001	-0-	-0-	-0-			
NOV 2001	-0-	-0-	-0-			
DEC 2001	-0-	-0-	-0-			

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Name and Official Title	Signature	Date Signed
DEAN EGLER OWNER	Dean Egler	5-15-02

JUN 17 2002

5-23-02

29

U[illegible] States Environmental Protection Ag[illegible]
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

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NOV 20 2001
OSAGE NATION
EPA/UIC

Annual Disposal/Injection Well Monitoring Report

Operator: DEAN EYLER
PO BOX 260
CLEVELAND OK 74020

Owner: DEAN EYLER
PO BOX 260
CLEVELAND OK 74020

State: OK **County:** OSAGE **Inventory Number:** OS1466000
Qtr Section: SW **Section:** 18 **Township:** 21N **Range:** 09E **Surface Location:** 2310S-0330W

Well Activity	Type of Permit	Lease Name	Well Number
ENHANCED RECOVERY	☐ Individual		1-B
No. of Wells: _____	☐ Area	_____	

All Quadrant Reporting Form

		Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month	Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan	2000	0		5000			
Feb	2000	0		4000			
Mar	2000	0		0			
Apr	2000	0					
May	2000	0					
Jun	2000	0					
Jul	2000	0					
Aug	2000	0					
Sep	2000	0					
Oct	2000	0					
Nov	2000	0					
Dec	2000	0		0			

CERTIFICATION

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Name and Official Title:	Signature:	Date Signed:
DEAN C. EYLER	Dean E. Eyler	11-19-01

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency

P.O. Box 1495
Pawhuska, OK 74056

Inspector: **Gary J. Scott** Test Date: **10/14/2005** Test Time: 11:00 AM

Operator Representative: DEAN EYLER Date Report Sent to Operator: _____

General Well Data

Operator: TERMINATED BY BIA - 661
PAWHUSKA, OK 74056

Inventory Number: **OS1466**
API Well No.: 35-113-21080-00-00
Well Name/No.: 1-B
Location: SW 18 21N 9E 2310S - 330W
Field name:

Phone:
Well Type: EOR

Injection Interval: 2510 - 2480 USDW Bot: 270

Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 2255 Casing: 7.000 in. Tubing: 2.375 in.

Tubing and Annulus Pressure Test Results

Type of MIT: **Std. Annulus Pres. Test** Test Reason: Operator Request

Inj. Status: N Inj. Rate: _____ bpd Tubular Lining: Plastic Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure	
Pre-Test:		0		0	psi
Initial:	11:00 AM	0		200	psi
Mid:	11:15 AM	0		200	psi
Final:	11:30 AM	0		200	psi

Flowback	Pressure		Volume	
High:	200	psi		
Mid:	100	psi	2600	ml
Low:	50	psi	1300	ml
End:	0	psi	1500	ml
Total Volume:			5400	ml

Casing/Tubing Annulus Monitoring

Device: _____

Fluid Level: _____ Annulus Prs: _____ psi

Test Result: **Acceptable**
Failure Type:
Failure Cause:
Repair Due:
Engineer Signature: Rick L. Davis
Review Date: 11/08/2005

ADA Pressure Test - Required Test Pressure

(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing		Annulus	
Depth to Top Perf/Open Hole:		ft		ft
Depth to Fluid Level:		ft		ft
Fluid Column Height:		ft		ft
Specific Gravity of Fluid:	1.06		1.06	
Nitrogen Weight Factor:				
Required Test Pressure:		psi		psi

Additional Comments for Mechanical Integrity Test

WELL WAS NOT TAKING FLUID DURING TEST.
FLOWBACK WAS OIL AND FRESHWATER.

Received Date: 11/14/2005

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

RECEIVED
APR 25 2008
OSAGE NATION ENR/UIC

Annual Disposal/Injection Well Monitoring Report

Operator: DEAN EYLER
PO BOX 609
COLLINSVILLE OK 74021

Owner: DEAN EYLER
PO BOX 609
COLLINSVILLE OK 74021

State: OK **County:** OSAGE **Inventory Number:** OS1466000
Qtr Section: SW **Section:** 18 **Township:** 21N **Range:** 09E **Surface Location:** 2310S/330W

Well Activity	Type of Permit	Lease Name	Well Number
Enhanced Recovery	☐ Individual		1-B
No. of Wells:_____	☐ Area	_____	

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2007	0	0	0			
Feb 2007			0			
Mar 2007			0			
Apr 2007			0			
May 2007			0			
Jun 2007			0			
Jul 2007			0			
Aug 2007			0			
Sep 2007			1200			
Oct 2007			1200			
Nov 2007			1200			
Dec 2007			800			

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
DEAN E. EYLER	[signature]	3-30-08

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

RECEIVED
MAR 13 2009
OSAGE NATION
ENR/UIC

Annual Disposal/Injection Well Monitoring Report

Operator: DEAN EYLER
PO BOX 609
COLLINSVILLE OK 74021

Owner: DEAN EYLER
PO BOX 609
COLLINSVILLE OK 74021

State: OK **County:** OSAGE **Inventory Number:** OS1466000
Qtr Section: SW **Section:** 18 **Township:** 21N **Range:** 09E **Surface Location:** 2310S/330W

Well Activity	Type of Permit	Lease Name	Well Number
Enhanced Recovery	☐ Individual		1-B
No. of Wells: _____	☐ Area	_____	

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2008	- 0 -		600			
Feb 2008	- 0 -		0			
Mar 2008	- 0 -		0			
Apr 2008	- 0 -		600			
May 2008	- 0 -		1200			
Jun 2008	- 0 -		0			
Jul 2008	- 0 -		0			
Aug 2008	- 0 -		600			
Sep 2008	- 0 -		600			
Oct 2008	- 0 -		- 0 -			
Nov 2008	- 0 -		- 0 -			
Dec 2008	- 0 -		- 0 -			

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title:	Signature:	Date Signed:
DEAN E. EYLER	Dean Eyler	3-10-09

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

RECEIVED
APR 19 2010
OSAGE NATION
ENR/UIC

Annual Disposal/Injection Well Monitoring Report

Operator: DEAN EYLER
PO BOX 609
COLLINSVILLE OK 74021

Owner: DEAN EYLER
PO BOX 609
COLLINSVILLE OK 74021

State: OK **County:** OSAGE **Inventory Number:** OS1466000
Qtr Section: SW **Section:** 18 **Township:** 21N **Range:** 09E **Surface Location:** 2310S/330W

Well Activity
Enhanced Recovery
No. of Wells: _____

Type of Permit
☐ Individual
☐ Area

Lease Name _____

Well Number
1-B

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2009	INACTIVE		0			
Feb 2009	0		0			
Mar 2009	0		0			
Apr 2009	0		0			
May 2009	0		0			
Jun 2009	0		0			
Jul 2009	0		0			
Aug 2009	0		0			
Sep 2009	0		0			
Oct 2009	0		0			
Nov 2009	0		0			
Dec 2009	0		0			

CERTIFICATION

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Name and Official Title:	Signature:	Date Signed:
DEAN E. EYLER	Dean E Eyler	4-06-10

Pull file

United States Environmental Protection Agency
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

(29)

Annual Disposal/Injection Well Monitoring Report

Operator: DEAN EYLER
PO BOX 609
COLLINSVILLE OK 74021

Owner: DEAN EYLER
PO BOX 609
COLLINSVILLE OK 74021

State: OK **County:** OSAGE **Inventory Number:** OS1466000

Qtr Section: SW **Section:** 18 **Township:** 21N **Range:** 09E **Surface Location:** 2310S/330W

Well Activity	Type of Permit	Lease Name	Well Number
Enhanced Recovery	☐ Individual		1-B
No. of Wells: _____	☐ Area	_____	

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure (Optional Monitor)	
Month/Year	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 2011	VACCUM		-0-			
Feb 2011	VACCUM		-0-			
Mar 2011	VACCUM		-0-			
Apr 2011	VACCUM		-0-			
May 2011	VACCUM		-0-			
Jun 2011	VACCUM		-0-			
Jul 2011	VACCUM		-0-			
Aug 2011	VACCUM		-0-			
Sep 2011	VACCUM		60			
Oct 2011	VACCUM		-0-			
Nov 2011	VACCUM		-0-			
Dec 2011	VACCUM		-0-			

CERTIFICATION

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Name and Official Title: DEAN E. EYLER

Signature: Dean Eyler

Date Signed: 4/12/12

Mechanical Integrity Test Results

SCAN CODE: 28

Casing or Annulus Pressure Test

Osage Nation / Environmental Protection Agency

P.O. Box 1495

Pawhuska, OK 74056

Inspector: **J. Andrew Yates** Test Date: **09/30/2011** Test Time: 1:45 PM

Operator Representative: DEAN EYLER Date Report Sent to Operator: _____

General Well Data

Operator: Dean Eyler - 157
Po Box 609
Collinsville, Ok 74021

Phone: (918) 636-0928

Injection Interval: 2510 - 2480 USDW Bot: 270

Annulus Fluid Type: _____ Concentric Pkr: - Packer Depth: 2255 Casing: 4.500in. Tubing: #####in.

Inventory Number: **OS1466**
API Well No.: 35-113-21080-00-00
Well Name/No.: _____
Location: SW 18 21N 9E 2310S - 330W
Field name: _____
Well Type: EOR

Tubing and Annulus Pressure Test Results

Type of MIT: **Std. Annulus Pres. Test** Test Reason: 5-year Test

Inj. Status: N Inj. Rate: 0 bpd Tubular Lining: Standard Time Since Ann Filled: _____ Hrs

	Time	Tubing Pressure	Time	Annulus Pressure	
Pre-Test:		0		0	psi
Initial:	1:45 PM	0		210	psi
Mid:	2:00 PM	0		210	psi
Final:	2:15 PM	0		210	psi

Flowback	Pressure		Volume	
High:	210	psi		
Mid:	100	psi	1250	ml
Low:	20	psi	1000	ml
End:	0	psi	250	ml
Total Volume:			2500	ml

Casing/Tubing Annulus Monitoring

Device: _____

Fluid Level: _____ Annulus Prs: _____ psi

Test Result: **Acceptable**
Failure Type: _____
Failure Cause: _____
Repair Due: _____
Engineer Signature: Rick L. Davis
Review Date: 12/19/2011

ADA Pressure Test - Required Test Pressure

(Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure)

	Tubing		Annulus	
Depth to Top Perf/Open Hole:		ft		ft
Depth to Fluid Level:		ft		ft
Fluid Column Height:		ft		ft
Specific Gravity of Fluid:	1.06		1.06	
Nitrogen Weight Factor:				
Required Test Pressure:		psi		psi

Additional Comments for Mechanical Integrity Test

4.5"CSG.

Received Date: 1/3/2012

Well Inspection

Scan Code: 30

Osage Nation / Environmental Protection Agency
P. O. Box 1495
Pawhuska, OK 74056

Inspector: J. Andrew Yates Dt/Tm Inspected: **5/23/2013 1:30:00 PM** Duration: 0.3
Operator Representative: DEAN EYLER Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: Dean Eyler
Po Box 609
Collinsville, Ok 74021
Phone: (918) 636-0928

Inventory No.: **OS1466** API Well No. 35-113-21080-00-00
Well Name/No.: 1-B Status: ____
Location: SW 18 21N 9E 330W - 2310S Well Type: EOR
Field Nm: _____ Lat/Lng: **36.295603, -96.389246 G**

ROUTINE UIC INSPECTION

Purpose: Routine Periodic Responsible Company at Time of Inspection: Dean Eyler
Inspect No.: iLMS1314833113 Notification Type: _____
Incident No.: _____ Date Letter Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: 9/30/2011 Test Result: ____ Casing: 4.500 in. Tubing: 2.375 in. USDW: 270 ft subsurf

Monitoring Device Elected:	___
Monitoring Device:	_____
FLM Canister Pressure:	___
Lease Status:	Active
Barrel Monitor Hooked Up?:	___
Barrel Fluid Level (%):	_____
Flowline Hooked Up?:	N
Injecting?:	N

	Tubing	Annulus	
Fittings:	Y	Y	**AUTHORIZED**
Actual Pressure:	0	0	Max Pressure: 677
How Determined?:	UIC	UIC	Min Req Press: _____
Static Fluid Level:	789	0	Max Rate: _____
How Determined?:	E	O	
Injection Rate (bpd):	0	How Rate Determined? CI	

Comments

T.A. WELL, CSG. HEAD W/ TBG. NO LINES CONNECTED.

Evaluation: Name: Dal Agg Date: 6-5-13
Inspection Results: 10 Follow-up: A Reason: See
Violation Code: None Frequency: NA

Received Date: 5/30/2013