os1470
scan code:33

REPLY TO: 6EN-WO

MAR 28 2003

Mr. Hoyt C. Glenn
HC 60, Box 47
Osage, OK 74054

Re: Cancellation of Authorization by Rule

Dear Mr. Glenn:

According to our records, the following well is no longer being used for underground injection.

Inventory No.	Well No.	Location - Osage County, Oklahoma
OS1470	1A	NW/4, Sec.19, T 21N, R 09E

Therefore, we are deleting this well from our inventory of wells in Osage County, Oklahoma authorized by rule under the Underground Injection Control (UIC) program (40 CFR §§147.2909 and 147.2910). Future use of this well for injection would require a UIC program permit (40 CFR §147.2903).

Please inform us within ~~15~~ 30 days after receipt of this letter at the above address or telephone (214) 665-6470 if you believe that authorization by rule for this well should continue.

Sincerely yours,

Jerry R. Saunders
Chief
AR/LA/OK NPDES (UIC) Section

cc: BIA, Minerals Branch
Osage UIC Office

6en-wo
mount
4/23/03

6en-
van wyk
3/24/03

MAY 05 2003 DSK

4/28/03

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS, TX 75202-2733

MAR 28 2003

REPLY TO: 6EN-WO

Mr. Hoyt C. Glenn
HC 60, Box 47
Osage, OK 74054

Re: Cancellation of Authorization by Rule

Dear Mr. Glenn:

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Inventory No.	Well No.	Location - Osage County, Oklahoma
OS1470	1A	NW/4, Sec.19, T 21N, R 09E

Therefore, we are deleting this well from our inventory of wells in Osage County, Oklahoma authorized by rule under the Underground Injection Control (UIC) program (40 CFR §§147.2909 and 147.2910). Future use of this well for injection would require a UIC program permit (40 CFR §147.2903).

Please inform us within 15 days after receipt of this letter at the above address or telephone (214) 665-6470 if you believe that authorization by rule for this well should continue.

Sincerely yours,

Jerry R. Saunders
Chief
AR/LA/OK NPDES (UIC) Section

cc: BIA, Minerals Branch
Osage UIC Office

Recycled/Recyclable • Printed with Vegetable Oil Based Inks on 100% Recycled Paper (40% Postconsumer)

Well Inspection

Scan Code: 30

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

Inspector: Gary J. Scott Dt Inspected: **3/28/03 10:10:00 AM** Duration: 0.4
Operator Representative: NONE Dt Scheduled: _____ Dt Op Notified _____

General Well Data and Inspection Information

Operator: HC GLENN Inventory No.: **OS1470** API Well No.: 35-113-21198-00-00
HC 60 BOX 47 Well Name/No.: 1A Status: ____
OSAGE, OK 74054 Location: NW 19 21N 9E 860W - 330N
Phone: (918) 354-2291 Field Name: _____ Well Type: SWD

ROUTINE UIC INSPECTION

Purpose: EPA Request Responsible Company at Time of Inspection: HC GLENN
Inspect No.: iGJS0309180776 Violation: Yes SNC: Yes Notification Type: _____
Incident No.: _____ Date NOV Sent to Owner: _____ Extension Date: _____
Comply No.: _____ Date Remedy Required: _____ Date Passed: _____

Pressures / Conditions

Date Last MIT: _____ Test Result: ____ Casing: 5.5 in. Tubing: 2.38 in. USDW: 425 ft subsurf

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

	Tubing	Annulus	
Fittings:	Y	Y	**AUTHORIZED**
Actual Pressure:			Max Pressure: 644
How Determined?:			Min Req Press:
Static Fluid Level:			Max Rate:
How Determined?:			

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

Comments

WELL WAS CONVERTED TO A PRODUCER AND WAS PUMPING AT TIME OF INSPECTION.

Evaluation: Name: [signature] Date: 4/4/03
Inspection Results: 11 Follow-up: A Reason: See
Violation Code: None Frequency: NR

Received Date:4/4/03

MAY 01 03
(18)

FEB 21 2002

29

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

Annual Fluid Level Monitoring Report

Operator: GLENN H C HC 60 BOX 47 OSAGE OK 74054	**Owner:** GLENN HOYT HC 60 BOX 47 OSAGE OK 74054-9703

State: OK **County:** OSAGE **Inventory Number:** OS1470000

Qtr Section: NW **Section:** 19 **Township:** 21N **Range:** 09E **Surface Location:** 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL	☐ Individual	Foster & Davis	1A
No. of Wells: _____	☐ Area	USDW:0425 Feet	

South Quadrant Reporting Form

	STATIC FLUID LEVEL (FEET SUBSURFACE)	
Month Year	Tubing	Annulus
Jan 2001		
Feb 2001		
Mar 2001	This were is No Longer a disposal	
Apr 2001	well. It is a producing oil well.	
May 2001		
Jun 2001		
Jul 2001		
Aug 2001		
Sep 2001		
Oct 2001		
Nov 2001		
Dec 2001		

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:
Hoyt C. Glenn Co-Owner & Operator	Hoyt C. Glenn	1/20/02

MAR 19 2003 S)

2-28-02
DS

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

SCAN CODE: 30

Inspection Reason: **ROUTINE** Inventory No.: **OS1470**

Operator: Name: **HC GLENN**
Address: **HC 60 BOX 47**
OSAGE, OK 74054
Phone: **(918) 354-2291**
Company Contact: **HC GLENN**

WELL INFORMATION:

Well Name and Number: **1A**
Location: **0860** ft F **W** L, **0330** ft F**N** L; **NW** /4, Sec. **19** , T **21** N, R **9** E
Well Type: **Disposal**
Authorization: **Rule** Authorization to Inject Date: _____
Authorized: Pressure: **644** psi Rate _____ BPM
Long-String Casing Diameter: **5.50** inches Tubing diameter **2.38** inches
Base of Underground Sources of Drinking Water: **425** Feet Subsurface
Date of Latest MIT: **7/21/94** Latest MIT Results: **PASS**

CONDITIONS ON INSPECTION DATE:

Lease Status: **ACTIVE**
Well Status: Hooked up for injection? **NO** Injecting? **NO**
Required Fittings: Tubing? **YES** Annulus? **YES**
Tubing Pressure: _____ psi; How Determined? _____
Annulus Pressure: _____ psi; How Determined? _____
Injection Rate: _____ bpd; How Determined? _____
Static Fluid Level:
Tubing: _____ feet subsurface; How Determined? _____
Annulus: _____ feet subsurface; How Determined? _____
Samples Taken? **NO** Photographs Taken? **NO**

Observations: **RIG WAS PULLING WELL AT TIME OF INSPECTION.**
BIA REQUIRED SIGN AT WELL

Inspection Date: **2/21/01** Time: Arrived: **11:00 a.m.** Departed: **11:10 a.m**

Inspector: **GARY SCOTT**
Individual Contacted: **NONE** Title: _____

Evaluation: Name: Randall J. Ott Jr. Date: 3/6/01
Inspection Results: 1 Follow-up: A Frequency: NR
Violation Code: None Reason: See
Enforcement Letter Recommended: **NO**

3/6/01

Report Received Date: 3/5/01

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

29

Annual Disposal/Injection Well Monitoring Report

MAR 09 2001

Operator: GLENN H C HC 60 BOX 47 OSAGE OK 74054	**Owner:** GLENN HOYT HC 60 BOX 47 OSAGE OK 74054-9703

State: OK **County:** OSAGE **Inventory Number:** OS1470000

Qtr Section: NW **Section:** 19 **Township:** 21N **Range:** 09E **Surface Location:** 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL No. of Wells: 1	☑ Individual ☐ Area	Foster & Davis	1A

South 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	Vacuum	40	1,000			
Feb	2000	"	"	600			
Mar	2000			800			
Apr	2000			800			
May	2000			800			
Jun	2000			800			
Jul	2000			800			
Aug	2000			-0-			
Sep	2000			-0-			
Oct	2000			-0-			
Nov	2000			-0-			
Dec	2000			-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:
Hoyt Glenn Co-owner & operator	Hoyt C. Glenn	2/28/01

4-12-01
DS

29

FEB 10 2000

U . States Environmental Protection A /
Underground Injection Control Program
1445 Ross Avenue
Dallas, TX 75202-2733

Annual Disposal/Injection Well Monitoring Report

Operator: GLENN H C
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK **County:** OSAGE **Inventory Number:** OS1470000
Qtr Section: NW **Section:** 19 **Township:** 21N **Range:** 09E **Surface Location:** 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL	☑ Individual	Foster & Davis	1A
No. of Wells: 1	☐ Area		

South 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	1999	Vacuum	40	18,000			
Feb	1999	"	"	22,000			
Mar	1999	"	"	21,000			
Apr	1999	"	"	20,000			
May	1999	"	"	20,000			
Jun	1999	"	"	20,000			
Jul	1999	"	"	20,000			
Aug	1999	"	"	21,000			
Sep	1999	"	"	1,000			
Oct	1999	"	"	800			
Nov	1999	"	"	1,000			
Dec	1999	"	"	1,000			

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:
Hoyt Glenn co-owner & operator	Hoyt C. Glenn	1/30/00

04-24-00
RS

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

29

Annual Disposal/Injection Well Monitoring Report

Operator: GLENN H C
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OS **County:** OSAGE **Inventory Number:** OS1470000
Qtr Section: NW **Section:** 19 **Township:** 21N **Range:** 09E **Surface Location:** 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
DISPOSAL	☑ Individual	Foster & Davis	1A
No. of Wells: 1	☐ Area		

South 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	1998	Vacuum	40	20,000			
Feb	1998	"	"	20,000			
Mar	1998	"	"	22,000			
Apr	1998	"	"	22,000			
May	1998	"	"	22,000			
Jun	1998	"	"	22,000			
Jul	1998	"	"	22,000			
Aug	1998	"	"	22,000			
Sep	1998	"	"	22,000			
Oct	1998	"	"	20,000			
Nov	1998	"	"	6,000			
Dec	1998	"	"	29,000			

CERTIFICATION

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Name and Official Title:	Signature:	Date Signed:
Hoyt Glenn Co-owner & Oper.	Hoyt C. Glenn	1/27/99

4-22-99
DS

29

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

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: GLENN H C
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No. 05 1470
Qtr.Section: NW Section: 19 Township: 21N Range: 09E Surface Loc: 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[✓] Individual	Foster & Davis	1A
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 1997	Vacuum	40	24,000			
Feb 1997	Vacuum	40	18,000			
Mar 1997	"	"	15,000			
Apr 1997	"	"	22,000			
May 1997	"	"	17,000			
Jun 1997	"	"	16,000			
Jul 1997	"	"	16,000			
Aug 1997	"	"	20,000			
Sep 1997	"	"	24,000			
Oct 1997	"	"	24,000			
Nov 1997	"	"	24,000			
Dec 1997	"	"	22,000			

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Name and Official Title	Signature	Date Signed
Hoyt Glenn Co owner + Oper.	Hoyt C. Glenn	1/10/98

3/12/98

RECEIVED
MAR 2 1998
GW-EA-(4)

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

RECEIVED FEB 12 1997

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: GLENN H C
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

29

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21N Range: 09E Surface Loc: 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[✓] Individual	Foster & Davis	1A
No. of Wells: 1	[ ] Area		

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

Jne 2-18

	Injection Pressure		Total Volume Injected		Tubing-Casing Annulus Pressure(Optional Monitor)	
Month Yr	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG
Jan 1996	Vacuum	40	17,000			
Feb 1996	"	"	14,000			
Mar 1996	"	"	15,000			
Apr 1996	"	"	16,000			
May 1996	"	"	16,000			
Jun 1996	"	"	16,000			
Jul 1996	"	"	17,000			
Aug 1996	"	"	18,000			
Sep 1996	"	"	16,000			
Oct 1996	"	"	14,000			
Nov 1996	"	"	14,000			
Dec 1996	"	"	14,000			

CERTIFICATION

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Name and Official Title	Signature	Date Signed
Hoyt Glenn co-owner-oper.	Hoyt C. Glenn	1/23/97

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

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

79

Operator: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21N Range: 09E Surface Loc: 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[X] Individual	Foster & Davis	1A
No. of Wells: 1	[ ] Area		

Jan 2-15-96

==== 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 1995	Vacuum	40	20,000			
Feb 1995	"	"	18,000			
Mar 1995	"	"	30,000			
Apr 1995	"	"	44,000			
May 1995	"	"	47,000			
Jun 1995	"	"	40,000			
Jul 1995	"	"	38,000			
Aug 1995	"	"	45,000			
Sep 1995	"	"	47,000			
Oct 1995	"	"	40,000			
Nov 1995	"	"	40,000			
Dec 1995	"	"	37,000			

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
Hoyt Glenn co-owner & operator	Hoyt C. Glenn	1/17/96

RECEIVED
FEB 1 1996
6W-EA

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

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

(29)

Operator: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21N Range: 09E Surface Loc: 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[X] Individual	Foster-Davis	1A
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 1994	Vacuum	40	30,000			
Feb 1994	"	"	30,000			
Mar 1994	"	"	30,000			
Apr 1994	"	"	46,000			
May 1994	"	"	46,000			
Jun 1994	"	"	40,000			
Jul 1994	"	"	38,000			
Aug 1994	"	"	30,000			
Sep 1994	"	"	35,000			
Oct 1994	"	"	45,000			
Nov 1994	"	"	40,000			
Dec 1994	"		30,000			

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
Hoyt Glenn co-owner & operator	Hoyt C. Glenn	1/25/95

FEB 1 1995
GWS

MECHANICAL INTEGRITY TEST

Inventory No. 1470 (28)

Company H.C. Glenn
Address HC 60, Box 47
Osage, OK 74054
Well Name/Number Russell #1A
Location: NW /4; Section 19 ;T 21 N; R 7 E.
Well type: Disposal/EOR/Dual Completion.
Casing size 5½ Tubing size 2⅞.
Injection interval 2420 - 2410.
Packer depth 2347.82 Same as last time
USDW 425.

Ins 7-27-94

MECHANICAL INTEGRITY TEST RESULTS:

(Pass/Fail)

Comments

KW Sanborn — ENGINEER — 7-21-94 DATE

I. NO SIGNIFICANT FLUID MOVEMENT INTO USDW THROUGH CHANNELS ADJACENT TO THE WELLBORE: (Pass/Fail); How determined? ________.

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

(A) TUBING-PACKER PRESSURE TEST

Well: (Injecting/Shut-in) Pressure: Tubing Vac Casing 0

(B) CASING-TUBING ANNULUS PRESSURE TEST

Injection rate ________ Time since annulus filled filled yesterday Annulus fluid type SW

TIME	TUBING PRESSURE	ANNULUS PRESSURE	FLOWBACK
1:15	-4 pls vac	220	High pressure 220
	↓	↓	Mid. pressure 100 Volume (Qts) 1
	-4 pl vac	220	Low pressure 40 Volume (Qts) 1
			Total Flowback Volume (Qts) 3½

(C) ADA PRESSURE TEST

(FLUID COLUMN HEIGHT * SPECIFIC GRAVITY * .433/N2 WEIGHT FACTOR = REQUIRED TEST PRESSURE)

TUBING/PACKER		TUBING/CASING ANNULUS	
DEPTH TO TOP PERF/OPEN HOLE		DEPTH TO TOP PERF/OPEN HOLE	
DEPTH TO FLUID LEVEL		DEPTH TO FLUID LEVEL	
FLUID COLUMN HEIGHT		FLUID COLUMN HEIGHT	
SPECIFIC GRAVITY OF FLUID		SPECIFIC GRAVITY OF FLUID	
NITROGEN WEIGHT FACTOR		NITROGEN WEIGHT FACTOR	
REQUIRED TEST PRESSURE		REQUIRED TEST PRESSURE	

TIME	PRESSURE	TIME	PRESSURE

(D) CASING-TUBING ANNULUS MONITORING

System (Open/Closed); Fluid level above wellhead ________ Annulus pressure ________

REMARKS Replaced packer

DATE 21 July 94 WITNESSES: D. LaCione (EPA) X Jimmy Dale Hd (COMPANY)

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

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

(29)

Operator: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21N Range: 09E Surface Loc: 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[V] Individual	Fosters Davis	1A
No. of Wells: 1	[ ] Area		

Aug-7-94

==== 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 1993	Vacuum	40	36,000			
Feb 1993	"	"	30,000			
Mar 1993	"	"	40,000			
Apr 1993	"	"	45,000			
May 1993	"	"	48,000			
Jun 1993	"	"	45,000			
Jul 1993	"	"	46,000			
Aug 1993	"	"	42,000			
Sep 1993	"	"	45,000			
Oct 1993	"	"	45,000			
Nov 1993	"	"	47,000			
Dec 1993	"	"	40,000			

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
Hoyt Glenn co-owner & operator	Hoyt C. Glenn	1/20/94

RECEIVED
FEB 4 1994

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

(29)

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21N Range: 09E Surface Loc: 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[✓] Individual	Foster & Davis (West 19)	1A
No. of Wells: 1	[ ] Area		

3-12-93

==== 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	Vacuum	40	43,000			
Feb 1992	"	"	40,000			
Mar 1992	"	"	38,000			
Apr 1992	"	"	45,000			
May 1992	"	"	45,000			
Jun 1992	"	"	41,000			
Jul 1992	"	"	40,000			
Aug 1992	"	"	40,000			
Sep 1992	"	"	39,000			
Oct 1992	"	"	38,000			
Nov 1992	"	"	42,000			
Dec 1992	"	"	41,000			

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
Hoyt Glenn co-owner+operator	Hoyt C. Glenn	1/23/93

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FEB 11 1993
6 W-S

(29)

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

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21N Range: 09E Surface Loc: 0330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[✓] Individual	Foster/Davis (West 19)	1A
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 1991	Vacuum	0 to 40	41,000			
Feb 1991	"	" " "	41,000			
Mar 1991	"	" " "	30,000			
Apr 1991	"	" " "	44,700			
May 1991	"	" " "	42,800			
Jun 1991	"	" " "	41,000			
Jul 1991	"	" " "	40,000			
Aug 1991	"	" " "	40,000			
Sep 1991	"	" " "	40,000			
Oct 1991	"	" " "	30,000			
Nov 1991	"	" " "	31,000			
Dec 1991	"	" " "	40,000			

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
Hoyt Glenn co-owner & oper.	Hoyt C. Glenn	1/26/92

WELL TYPE: (DISPOSAL/EOR)
WELL STATUS: (NEW/CONVERSION/EXISTING)

gpw 10-16-91

PERMIT #_____
INVENTORY # 05-14730

(28)

MECHANICAL INTEGRITY TEST

COMPANY NAME Large Oil Co. ADDRESS HC 60 Box 42 Osage OK 74054

WELL NAME & NO. Russell #1-A ; 330 ft. FROM [N/S] LINE AND 860 ft. FROM [E/W] LINE.

LEGAL DESCRIPTION NW/4; Sec. 19 ; Twp. 21 ; Rge. 9

MAXIMUM AUTHORIZED PRESSURE 662 # INJECTION INTERVAL 2420 - 2440 PACKER DEPTH 2342 ±

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

(YES/NO) DATE: 11/5/91 REVIEWER: R. Woolia

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 3 day ANNULUS FILLED 1 day
PRESSURE: TUBING 0 CASING 0 LIQUID TYPE: INJECTION Salt ANNULUS Salt
ANNULAR FLUID FLOW: (YES/NO) TIME FOR FLOW TO STOP _____ ESTIMATED FLOW VOLUME _____ qt.

(B) CASING-TUBING ANNULUS PRESSURE TEST

TUBING PRESSURE VAC INJECTION RATE N.A BPD (DURING TEST OR BEFORE SHUT-IN)

TIME	TUBING PRESSURE	ANNULUS PRESSURE
0 MIN	0 PSI	200 PSI
5 MIN	0 "	200 "
10 MIN	0 "	195
20 MIN	0 "	190 "
30 MIN	0 "	188 "

CASING SIZE 5½" TUBING SIZE 2⅞" FLOW BACK VOLUME 3 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 _____

(E) TUBING PRESSURE/FLOW RATE MONITORING MONITORING SYSTEM ADEQUATE: (YES/NO)

FLOW RATE _____ BPD TUBING PRESSURE _____

(F) RADIOACTIVE TRACER SURVEY

DATA & INTERPRETATION SHOW: (LEAK/NO LEAK)
NATURE & DEPTH OF LEAK: _____

III. REMARKS _____

DATE 10/10/91 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 10-11-91 DATE

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

(29)

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21N Range: 09E Surface Loc: C330N-0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[✓] Individual	Foster-Daves (West 19)	1A
No. of Wells: 1	[ ] Area		

Apr 5-7-91

==== 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	Tubing-Casing Annulus Pressure (Optional Monitor) Max PSIG
Jan 1990	Vacuum	0 to 40	46,000			
Feb 1990	"	" " "	42,000			
Mar 1990	"	" " "	40,000			
Apr 1990	"	" " "	43,000			
May 1990	"	" " "	42,000			
Jun 1990	"	" " "	42,000			
Jul 1990	"	" " "	41,000			
Aug 1990	"	" " "	42,000			
Sep 1990	"	" " "	44,000			
Oct 1990	"	" " "	44,000			
Nov 1990	"	" " "	44,000			
Dec 1990	"	" " "	42,000			

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
Hoyt C. Glenn Co-owner & Operator	Hoyt C. Glenn	1/31/91

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REGION VI

dmc
6-28-90

(29)

1470

Inventory No: 1470

Surface Loc: 0330N-0860W

Type of Permit	Name	Well Number
✓ Individual	Foster Dairy (heating)	1A
Area		

Condition Presently	Total Volume Injected	Tubing-Casing Annulus Pressure (optional Monitor)
Vacuum	Zero to 40	47,200
"		46,000
"		47,200
"		48,000
"		47,000
"		47,000
"		48,000
"		48,000
"		48,000
"		48,000
"		46,000

I certify under 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 for knowing violations. (Ref. 40 CFR 122.22).

Name and Official Title	Signature	Date Signed
Hoyt C. Glenn co-owner/operator	Hoyt C. Glenn	1/30/90

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JUN 13 1990
EPA 6W-S
REGION VI

(29)

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

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

Operator: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21 Range: 09 Surface Location: 0330N0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[✓] Individual	Foster & Davis (West 15)	1A
No. of Wells: 1	[ ] Area		

mb 2/14/89

==== 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	Vacuum	Zero to 100	54,622			
Feb 1988	or Gravity		54,500			
Mar 1988			54,622			
Apr 1988			52,860			
May 1988			54,622			
Jun 1988			52,000			
Jul 1988			54,622			
Aug 1988			54,622			
Sep 1988			52,860			
Oct 1988			54,622			
Nov 1988			48,600			
Dec 1988			48,000			

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FEB 10 1989
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REGION VI

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
Hoyt Glenn co-owner & operator	Hoyt C. Glenn	2/6/89

Washington, D.C. 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

(29)

Operator: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

Owner: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

State: OK County: OSAGE Inventory No: 1470
Qtr.Section: NW Section: 19 Township: 21 Range: 09 Surface Location: 0330N0860W

Well Activity	Type of Permit	Lease Name	Well Number
Brine Disposal	[X] Individual	~~Foster~~ Davis (West 19)	1A
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 1987	Vacuum + Gravity	Zero to 100	45,880			
Feb 1987			41,448			
Mar 1987			45,880			
Apr 1987			44,400			
May 1987			45,880			
Jun 1987			45,880			
Jul 1987			44,400			
Aug 1987			45,880			
Sep 1987			44,400			
Oct 1987			45,880			
Nov 1987			44,400			
Dec 1987						

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
Hoyt C. Glenn Co-owner+oper.	Hoyt C. Glenn	1/28/88

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REGION VI

RPB 2/8/88

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON DC 20480

(29)

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

OPERATOR: GLENN HC
HC 60 BOX 47
OSAGE OK 74054

OWNER: LARGE OIL COMPANY
HC 60 BOX 47
OSAGE OK 74054

STATE: OK COUNTY: OSAGE INVENTORY NO: 1470
QTR. SECTION: NW SECTION: 19 TOWNSHIP: 21 RANGE: 09 SURFACE LOCATION: 0330N0860W

WELL ACTIVITY	TYPE OF PERMIT	LEASE NAME	WELL NUMBER
BRINE DISPOSAL	[✓] INDIVIDUAL	West 19	1A
NO. OF WELLS: ____	[ ] 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
** 01-86 **	None (Vacuum)	100	1430/day			
** 02-86 **	None (vacuum)		" "			
** 03-86 **	" "		" "			
** 04-86 **	" "	Down	" "			
** 05-86 **	" "	Well	" "			
** 06-86 **	" "	Stop: Taking	" "			
** 07-86 **	" "	water & Pressure	" "			
** 08-86 **	" "	up.	" "			
** 09-86 **	" "		" "			
** 10-86 **	" "		" "		2/9/87	
** 11-86 **	" "		" "			
** 12-86 **	" "	100	" "			

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
Hoyt Glenn co-owner/operator	Hoyt C. Glenn	1/27/87

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FEB 03 1987
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REGION VI

FORM OR PERMIT # 1470
DATE OF PERMIT _____

(28)

MECHANICAL INTEGRITY TESTS

COMPANY NAME Hoyt C. Glenn

ADDRESS HC 60 Box 47

CITY AND STATE Osage, OK. 74059

LEASE NAME _____ WELL NO. #1A

LEGAL DESCRIPTION 330 ft. from N line of ~~660~~ ft. from W line of NW 1/4 of 19 SECTION

TOWNSHIP 21 RANGE 9

SALT WATER DISPOSAL WELL ✓ ENHANCED RECOVERY WELL _____

MAXIMUM PRESSURE AUTHORIZED _____ psi INJECTION INTERVAL 2420-2440 ft

NEW WELL _____ CONVERSION _____ EXISTING _____ PACKER DEPTH ~~2324~~ ft 2350'

DATE OF LAST INSPECTION 6/27/86

* I. No significant fluid movement into a USDW through channnels adjacent to well bore:

Demonstration Adequate: (YES/NO) Date: May 28, 1985
Method Used: (CHECK ONE OR MORE) Reviewer: Dept. Conservation

✓ Cementing Records
___ Tracer Survey (in conjunction with another method)
___ Temperature Log
___ Noise Log
___ Other Acceptable Method (Specify)

operator has done remedial work on well since original file review was completed.

II. No significant leak in casing, tubing or packer:

METHOD(S) USED:

(A) TUBING-PACKER PRESSURE TESTS

PROCEDURE: (1) Fill annulus with liquid and allow at least 2 hours for temperatures to stabalize (2) while injecting at maximum or average injection pressure, observe and record injection and annulus pressure, or liquid flow.

TEST WITNESSED BY: _____ (COMPANY REPRESENTATIVE) _____ (EPA FIELD INSPECTOR)

DATE: _____
DATE RECORDED BY: _____
TIME SINCE: INJECTION BEGAN _____ (hrs/days) ANNULUS FILLED _____ (hrs/days)
ACTUAL INJECTION PRESSURE _____ psi
CASING-TUBING ANNULUS PRESSURE _____ psi
WATER FLOWED FROM ANNULUS (YES/NO)
FLOW: ESTIMATED VOLUME _____ Gals; TIME FOR FLOW TO STOP _____ Mins

RECEIVED AUG 11 1986 EPA 6W-S REGION VI

RESULTS: (PASS/FAIL) - If fail, shut down and reschedule test after appropriate repairs have been completed.

(B) CASING-TUBING ANNULUS PRESSURE TEST

PROCEDURE: (1) Top off annulus with liquid, if more than 100 gallons are required, allow at least 2 hours for temperatures to stabilize, (2) pressure annulus to at least 200 psi, (3) observe and record injection tubing pressure and annulus pressure simultanenously for at least 30 minutes. (Note: This test may be run while well is shut-in or injecting. If injecting, must maintain a minimum of 100 psi difference between injection and annulus pressures throughout the tubing length).

X TEST WITNESSED BY: [illegible] (COMPANY REPRESENTATIVE) Andrew Yost (EPA FIELD INSPECTOR)

DATE: 7-2-86
DATA RECORDED BY: AY
WELL: (INJECTING/SHUT-IN): HOW LONG SINCE SHUT-IN 3-4 wks (hrs/days)

NATURE OF LIQUID: INJECTION LIQUID Salt Wtr; ANNULUS LIQUID Salt Wtr

INJECTION: PRESSURE 0 psi; RATE 1200 (BBls/D) (During injection or just prior to shut-in)

TUBING PRESSURE	ANNULUS PRESSURE	TIME
0	270	at 0 MINUTES (11:10 A.M.)
0	269	at 5 "
0	265	at 10 "
0	260	at 20 "
0	259	at 30 " (11:40 A.M.)

10 gt. return after test.

RESULTS: (PASS/FAIL) - If results are not obvious, repeat above test. If annulus pressure fails to hold, Shut down and reschedule test after appropriate repairs have been completed.

(C) CASING PRESSURE TEST

PROCEDURE: (1) With the wellhead and bottom of casing sealed, fill casing with liquid and allow several hours for temperatures to stabilize (2) Pressure casing to at least 200 psi (3) observe and record pressure for 30 minutes.

TEST WITNESSED BY: _____ (COMPANY REPRESENTATIVE) _____ (EPA FIELD INSPECTOR)

DATE:

DATA RECORDED BY: _____

INITIAL PRESSURE: _____ psi PRESSURE AFTER 30 MINUTES _____ psi

RESULTS: (PASS/FAIL) - If fail, shut down and reschedule test after appropriate repairs have been completed.

(D) MONTHLY CASING-TUBING MONITORING

PROCEDURE: (1) Maintain a positive pressure of 5 to 10 psi and monitor annulus pressure monthly.

Annual Report Data:

YEAR	INJECTION PRESSURE RANGE	ANNULUS PRESSURE RANGE	REMEDIAL ACTIONS TAKEN	REVIEWED BY	DATE

(E) MONITORING INJECTION PRESSURE AND FLOW RATE RELATIONSHIP

PROCEDURE: (1) Perform initial pressure test (B), (2) Determine the initial well injectivity, (3) monitor the injection pressure and flow rate monthly.

DATE	FLOW RATE (BPD)	INJECTION PRESSURE	INVENTORY (BPD/psi)	REVIEWED BY	DATE

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(F) RADIOACTIVE TRACER SURVEY

Data and interpretation show: Leaks in casing ___ tubing ___ packer ___
No leaks in casing ___ tubing ___ packer ___

RESULTS: (PASS/FAIL) - If fail, shut down and reschedule test after appropriate repairs are made.

III. REMARKS This is an operator request test, the well does not have a completed technical review. The technical review may change the status of the well and the well may have to be retested after corrective action has been completed.

IV. From the knowledge obtained from the above tests, it is my opinon that this well has mechanical integrity: (YES/NO)

[illegible] _____ (COMPANY REPRESENTATIVE) Andrew Gates _____ (EPA FIELD INSPECTOR) 7-2-86 (DATE)

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

AUTHORIZED BY RULE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

(29)

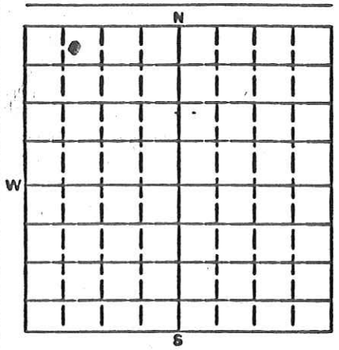
NAME AND ADDRESS OF EXISTING PERMITTEE

Hoyt C. Glenn
H.C. 60 Box 47
Osage, Oklahoma 74054

NAME AND ADDRESS OF SURFACE OWNER

Rena Russell (Otis Russell Estate
Rural Route - Middle Enterprise
Blackburn, Okla. 74058

LOCATE WELL AND OUTLINE UNIT ON SECTION PLAT — 640 ACRES



STATE	COUNTY	EPA ASSIGNED FORM #
Okla.	Osage	1470

SURFACE LOCATION DESCRIPTION

NE ¼ OF NW ¼ OF NW ¼ SECTION 19 TOWNSHIP 21N RANGE 9E

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

Surface Location 300 ft. from (N/S) N Line of quarter section
and 860 ft. from (E/W) W Line of quarter section

1248

WELL ACTIVITY

- [x] Brine Disposal
- [ ] Enhanced Recovery
- [ ] Hydrocarbon Storage

TYPE OF AUTHORIZATION

- [x] Individual
- [ ] Area

Number of Wells ____

Lease Name West 19 Well Number 1A

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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
1 -	85	None Vacuum	30 p.s.i.	1680/day			
2 -	85	"	"	1680/day			
3 -	85	"	"	1680/day			
4 -	85	"	"	1680/day			
5 -	85	"	"	1680/day			
6 -	85	"	"	1680/day			
7 -	85	"	"	1680/day			
8 -	85	"	"	1680/day			
9 -	85	"	"	1680/day			
10 -	85	"	"	1680/day			
11 -	85	"	"	1680/day			
12 -	85	"	"	1680/day			

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 *(Please type or print)*	SIGNATURE	DATE SIGNED
Hoyt C. Glenn - Co-owner & Operator	Hoyt C. Glenn	1-30-86

EPA Form 7520-11 (11-84)