AUTHORIZED BY RULE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460

ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT

NAME AND ADDRESS OF EXISTING PERMITTEE
SANTA FE MINERALS
4500 ONE WILLIAMS CENTER
TULSA, OKLAHOMA 74172

NAME AND ADDRESS OF SURFACE OWNER
RUSSELL PARKS & NORMA GRACE
(b) (6) [redacted]

LOCATE WELL AND OUTLINE UNIT ON SECTION PLAT — 640 ACRES
(b) (9) [redacted]

STATE OK
COUNTY OSAGE
EPA ASSIGNED FORM # 4650

SURFACE LOCATION DESCRIPTION
(b) (9) [redacted]

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

TYPE OF AUTHORIZATION
- ☒ Individual
- ☐ Area
- Number of Wells ____

Lease Name Avant **Well Number** 4

JAN 31 1986
OSAGE UIC PROGRAM

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	0	0	INACTIVE			
2-85						
3-85						
4-85						
5-85						
6-85						
7-85						
8-85						
9-85						
10-85						
11-85						
12-85						

RECEIVED
FEB 03 1986
EPA UIC
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 (Please type or print)	SIGNATURE	DATE SIGNED
Ken W. Bolt, Jr. Sr. Production Engineer	KW Bolt Jr	1-30-86

EPA Form 7520-11 (11-84)