

**RAILROAD COMMISSION OF TEXAS  
OIL AND GAS DIVISION**

**Form W-14**  
07/2016

**APPLICATION TO DISPOSE OF OIL AND GAS WASTE BY INJECTION  
INTO A FORMATION NOT PRODUCTIVE OF OIL AND GAS**

1. Operator Name _____		2. Operator P-5 No. _____						
3. Operator Address: _____								
4. County _____		5. RRC District No. _____						
6. Field Name _____		7. Field Number _____						
8. Lease Name _____		9. Lease/Gas ID No. _____						
10. Well is _____ miles in a _____ direction from _____ (center of nearest town).		11. No. acres in lease _____						
12. Legal description of location including distance and direction from survey lines _____								
13. Latitude/Longitude, if known (Optional)		Lat. _____ Long. _____						
14. New Permit: Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, amendment of Permit No. _____ UIC# _____						
15. Reason for amendment: Pressure <input type="checkbox"/> Volume <input type="checkbox"/> Interval <input type="checkbox"/> Commercial <input type="checkbox"/> Other (explain) _____								
16. Well No.	17. API No.	18. Date Drilled	19. Total Depth	20. Plug Date, if re-entry				
Casing	Size	Setting Depths	Hole Size	Casing Weight	Cement Class	Cement Sacks (#)	Top of cement	Top Determined by
21. Surface								
22. Intermediate								
23. Long String								
24. Liner								
25. Other								
26. Depth to base of Deepest Freshwater Zone _____		27. Multiple completion? Yes <input type="checkbox"/> No <input type="checkbox"/>						
28. Multistage cement? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, DV Tool Depth: _____ ft. No. Sacks: _____ Top of Cement: _____						
29. Bridge Plug Depth: _____ ft.		30. Injection Tubing Size: _____ in. and Depth _____ ft.		31. Packer Depth: _____ ft.				
32. Cement Squeeze Operations (List all giving interval and number of sacks of cement and cement top and whether Proposed or Complete.):								
33. Injection Interval from _____ to _____ ft.		34. Name of Disposal Formation _____						
35. Any Oil and Gas Productive Zone within two miles? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Depth _____ ft. and Reservoir Name _____								
36. Maximum Daily Injection Volume _____ bpd		37. Estimated Average Daily Injection Volume _____ bpd						
38. Maximum Surface Injection Pressure _____ psig		39. Estimated Average Surface Injection Pressure _____ psig						
40. Source of Fluids (Formation, depths and types): _____								
41. Are fluids from leases other than lease identified in Item 8? Yes <input type="checkbox"/> No <input type="checkbox"/>		42. Commercial Disposal Well? Yes <input type="checkbox"/> No <input type="checkbox"/>						
43. If commercial disposal, will non-hazardous oil and gas waste other than produced water be disposed of? Yes <input type="checkbox"/> No <input type="checkbox"/>								
44. Type(s) of Injection Fluid: Salt Water <input type="checkbox"/> Brackish Water <input type="checkbox"/> Fresh Water <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> N <sub>2</sub> <input type="checkbox"/> Air <input type="checkbox"/> H <sub>2</sub> S <input type="checkbox"/> LPG <input type="checkbox"/> NORM <input type="checkbox"/> Natural Gas <input type="checkbox"/> Polymer <input type="checkbox"/> Other (explain) _____								
CERTIFICATE I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated therein are true, correct, and complete, to the best of my knowledge.		_____ Signature <span style="float:right">Date</span> _____ Name of Person (type or print) _____ Phone <span style="float:right">Fax</span>						
FOR OFFICE USE ONLY		REGISTER NO.		AMOUNT \$				

APPLICANT ALSO MUST COMPLY WITH THE INSTRUCTIONS ON THE REVERSE SIDE