			0			3 4/00/2022
	UAL CLASS II DISPO			rotection Agency		FPORT
Name, Address, Phone and/or						
Name, Address, Phone and/or i						
State			County			
WELL TYPE	Locate well in two directions f	rom nearest l	ines of quarter s	ection and drilling unit		
Brine Disposal	Surface Location					
Enhanced Recovery		f Section	Township	Range		
Hydrocarbon Storage		Coolion	Township	Kungo		
	ft. from (N/S)	Line o	of quarter section			
	ft. from (E/W)	Line o	of quarter section			
			·			
	Latitude Longitude					
Permit or EPA ID Number	ΑΡΙΝ	lumber	nber Full Well Name			
	TOTAL VOLUME INJECTED				TUBING CASING ANNULUS PRESSURE SPECIFIED IN PERMIT)	
MONTH, YEAR	MAXIMUM PSIG	BE	BL	MCF		MAXIMUM PSIG
	I	Certif	ication		I	
attachments and that, bainformation is true, accu	ty of law that I have personally ex ased on my inquiry of those indiv urate, and complete. I am aware t nprisonment. (Ref. 40 CFR § 144.	amined and a iduals immed hat there are	m familiar with th liately responsibl	e for obtaining the informa	ation, I beli	eve that the
Name and Official Title (Pleas	Signature Brian Shpakoff				Date Signed	