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State of Utah

DEPARTMENT OF NATURAL RESOURCES

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Division of Oil, Gas and Mining

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December 4, 2012

To: Utah Oil and Gas Producers

From: Utah Division of Oil, Gas and Mining

Subject: Request Annual Waste Management Plan for Year 2013

Rule R649-9-2.4, General Waste Management, the Oil and Gas Conservation General Rules requires operators to file an Annual Waste Management Plan by **January 15** of each year to account for the proper disposition of produced water and other E&P Wastes. If changes are made to the plan during the year, then the operator shall notify the Division in writing of this change. This plan will include the type and estimated volume of wastes to be generated, the disposal facilities (central and commercial) to be used for disposal, and the description of any waste reduction or minimization procedures and any onsite disposal/treatment to be implemented by the operator. Each site and/or facility used for disposal must be permitted and in good standing with the Division. A list of approved pits/facilities is attached.

There is no specific form to be used for this plan. It should be kept simple and arranged to fit each operator's specific situation. The Division will keep each operator's plan on file during the year to be referred to as needed by public or staff. An Annual Waste Response Form shall be filed by all operators even if there is no need for a Waste Management Plan.

All oil & gas operators with active well(s), producing, shut-in or temporarily abandoned regardless of the well type, oil or gas, are expected to file an Annual Waste Management Plan. If your company's well(s) are not producing any water or other E&P wastes please submit the attached Response Form with Option # 1 marked. If any waste will be produced then mark the appropriate option and submit the Response Form with an attached Waste Management Plan.

Your earliest attention to submittal of your company's General Waste Management Plan will be appreciated. If you have already submitted the plan please disregard this notice. If you have any questions please call Alexis Huefner (801) 538-5302.

dm

enclosure(s)



Annual Waste Management Response Form –2013

The Utah Division of Oil, Gas and Mining requests that all oil and gas operators, who are active in Utah, inform the Division of their waste management plans for their Utah operations by completing this Response Form and returning it (with an Annual Waste Management Plan attached if any operational waste stream is likely to be produced during calendar year 2013). We request this of operators so that they may comply with Rule R649-9-2.4 of the Utah Oil and Gas Conservation General Rules.

Operator Name: _____

Name and Title of Company Representative: _____

Date: _____ Phone Number: _____

Only one of the three waste stream outcomes provided below will likely fit your operational circumstances. Please select the outcome that seems the most likely by placing an "X" on the underlined space in front of the selection:

1. **No Exploration and Production (E&P) wastes of any kind are anticipated.** An amended Waste Management Plan will be filed when and if E&P wastes are generated during 2013

2. **An E&P waste stream is probable but it is unlikely to include any produced water.** We will file an amended Waste Management Plan when and if our operations generate any produced water during 2013. **Attached please find our Annual Waste Management Plan** (providing the information specified in Rule R649-9-2.4).

3. **Our operations are likely to produce water so we have attached an Annual Waste Management Plan to address this and any other waste streams in compliance with Rule R649-9-2.4.** We will dispose of our produced water waste stream by the method(s) indicated, and in the approximate percentage(s) specified, below:

 % by Permitted Class II Commercial Water Disposal well(s).

 % by Permitted Class II Non-commercial Water Disposal well(s).

 % by Permitted Class II Injection well(s) in a waterflood project.

 % by Permitted Commercial Evaporative Pit(s).

 % by Permitted Private, Non-commercial Evaporative Pit(s).

 % by R649-9-3-4.4 Onsite (Surface) Pit(s).

 % by operations utilizing produced water for drilling, completion and workover activities.

 % by Permitted UPDES surface discharge

 % by Out of State Transfer to (specify in Annual Waste Management Plan).

 % by Other Means (specify in Annual Waste Management Plan).

100 % Total

STATE OF UTAH
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL, GAS AND MINING

UIC FORM 4

ANNUAL FLUID INJECTION REPORT

Operator: _____
 Address: _____
 city _____
 state _____ zip _____

Report Period: January 1 – December 31, 20____
 Phone Number: _____
 Amended Report (highlight changes)

| | | |
|--|--------------------------------------|-----------------------------------|
| PURPOSE OF FLUID INJECTION | | |
| Enhanced Recovery <input type="checkbox"/> | LPG Storage <input type="checkbox"/> | Disposal <input type="checkbox"/> |
| Complete applicable sections below | | |

| | |
|--|--|
| ENHANCED RECOVERY OR LPG STORAGE PROJECT | |
| Field or unit name | |
| Formation and depth | |
| County / counties | |
| Nature of injected fluid: | <input type="checkbox"/> Gas <input type="checkbox"/> Fresh water <input type="checkbox"/> Other _____ <input type="checkbox"/> LPG <input type="checkbox"/> Salt water |
| Average daily injection volume (barrels or MCF) | |
| Number of active injection wells | |
| Number of shut-in injection wells | |
| Average wellhead injection pressure (psig) | |
| If all or part of injected fluid is fresh water, accurately describe source: _____ | |
| Briefly describe any major project changes and/or well testing programs performed during the year. Attach additional pages if necessary. _____ _____ | |

| | |
|--|------------|
| DISPOSAL WELL | |
| Well name and number | API number |
| Formation and depth | |
| Well location: QQ Section Township Range County | |
| Average daily disposal volume (barrels) | |
| Average daily wellhead pressure (psig) | |
| Briefly describe any major repair performed on the well during the year. Attach additional pages if necessary. _____ _____ | |

I hereby certify that this report is true and complete to the best of my knowledge.

Name (Please Print) _____ Title _____
 Signature _____ Date _____