



Oil, Gas and Salt Resources Act
**Annual Subsurface
 Oil Field Fluid Disposal Report**

For the Year _____

Form 9

To the Minister of Natural Resources

v.2009-05-31

Operator	Tel. #	Fax #
Address		

Well Name	Source Pool
Township	Source Formation
Lot Concession	Disposal Formation
Well Licence No.	
Well Status - Mode*	

* As of Dec. 31 - active, suspended, abandoned, potential

Fluid accepted from other operators? Yes No If yes, attach list of operators from whom fluids were accepted and quantity received per month on a separate sheet.

Month	Volume Disposed (m ³)	Average Daily Injection Pressure kPag	Days on Disposal	Comments – i.e. workovers, treatments, etc.
Jan				
Feb				
Mar				
April				
May				
June				
July				
Aug				
Sep				
Oct				
Nov				
Dec				
Total				
Cum. Total**				

* **Cumulative volume disposed since the well was first activated.

The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator.

Name (print)

Signature

Company

Title

Date (day/month/year)