

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
**NOTICE OF INJECTION
COMMENCEMENT OR TERMINATION**

Form U-5
December 2015
**Form must be Typed
Form must be Signed
All blanks must be Filled
Form must be completed
on a per well basis**

Notice of Injection: (check one) Commencement
 Termination
Entire Permit Yes
 No
 Disposal Enhanced Recovery

Effective Date: _____

OPERATOR: License #: _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

API No.: _____

Permit Number: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section

County: _____

Lease Description:

Please List **only the injection lease and well** affected by this document:

Lease Name: _____ Well: _____

Reason For Termination of Injection Authority on Above Listed Well: (check one)

- Well has been plugged.
(Operator should also file a CP-4 form on KOLAR.)
- Well has been returned to production, and Operator requests injection authority to be terminated.
(Operator should also file an ACO-1 form on KOLAR.)
- Well has been temporarily abandoned, and Operator requests injection authority to be terminated.
(Operator should also file a CP-111 form on KOLAR.)

NOTE: If injection authority is terminated, Operator must obtain new injection authority before using the well as an injection well.

I certify that the above is a true and accurate statement of the facts as known this _____ day of _____, _____.

Signature: _____

Name: _____

Title: _____

KCC Office Use Only:

- KCC District # _____
- Production