

Department of Natural Resources
Division of Oil and Gas Resources Management

Date: _____

Annular Disposal Application

1. **Owner Name:** _____

Permit Number: _____ **Lease Name:** _____

County: _____ **Township:** _____

2. **Application Status:**

- Application for a new well
- Application for an existing well
- Application for a previously permitted annular well

3. **Requirements for application:**

- A. This well must meet the current annular disposal construction requirements for wells permitted after June 19, 1989.
- B. Any well which is existing or previously permitted for annular disposal must be scheduled and tested for mechanical integrity prior to use.

This form must be completed and submitted to the Division of Oil and Gas Resources Management before the application can be approved.

Signature _____ **Date** _____