



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 GEOLOGICAL SURVEY PROGRAM
MONTHLY REPORT OF DISPOSAL OF PRODUCED WATER

FORM OGC-10

DATE		OPERATOR			LEASE	
LOCATION	SECTION(S) T N R <input type="checkbox"/> EAST <input type="checkbox"/> WEST				COUNTY	
LEASE	WELL NO.	WATER BBLs.	WATER TYPE*	DISPOSAL METHOD**	REMARKS	

CERTIFICATE: I, the Undersigned, state that I am the _____ of the _____ (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

SIGNATURE

DATE

* Water Type: F – Fresh; M – Minerals; S – Salt

** Disposal Method: E – Evaporation Pit; I – Injection (same or another strata; specify); S – Surface Runoff ;
 R – River or Creek; O – Other (explain)