OPERATOR: OPERATOR #: ___________________________
ADDRESS: ____________________________

WELL NAME: ____________________________ PERMIT #: ____________________________ REF. #: ____________________________

REFERENCE # IS REQUIRED, IF REFERENCE # NOT AVAILABLE LOCATION IS REQUIRED.
LOCATION: ______ ft. N/S, ______ ft. E/W, ______ C, ______ 1/4, ______ 1/4, ______ 1/4

Section _______, Township _______, Range _______, County ______

* If Reservoir is different than Formation, also include the Reservoir name in parentheses.

PACKER SETTING DEPTH(s) (INDICATE IF NO REQUIREMENTS): ____________________________
INJECTION/DISPOSAL FORMATION(s) AND RESERVOIR(s)* & DEPTH(s): ____________________________
DESCRIBE AND DATE ANY REPAIRS PERFORMED DURING THE YEAR: ____________________________

MONTH | AVERAGE DAILY INJECTION RATE (Bbl/day) | MAXIMUM INJECTION PRESSURE (wellhead) (psig)
-------|----------------------------------------|----------------------------------------
JAN    |                                        |                                        |
FEB    |                                        |                                        |
MAR    |                                        |                                        |
APR    |                                        |                                        |
MAY    |                                        |                                        |
JUN    |                                        |                                        |
JUL    |                                        |                                        |
AUG    |                                        |                                        |
SEP    |                                        |                                        |
OCT    |                                        |                                        |
NOV    |                                        |                                        |
DEC    |                                        |                                        |

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE PERMITTEE HAS REVIEWED THIS REPORT TOGETHER WITH ANY ACCOMPANYING STATEMENTS AND DOCUMENTS AND STATES THAT TO THE BEST OF THE PERMITTEE’S KNOWLEDGE, STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT.

PERMITTEE, OR DESIGNEE, SIGNATURE ___________ DATE _______

ADDRESS
________________________

CITY, STATE ZIP
________________________