

For Sample Use Only - Comparable Format
Acceptable

Year Month

U.S. ENVIRONMENTAL PROTECTION AGENCY MONTHLY MONITORING REPORT
FOR CLASS II INJECTION WELLS

UIC Permit Number

Please complete and submit this report at the end of each month. This report must be postmarked no later than the 10th day of the following month.

Check one -->

EOR

SWD

HS

OPERATOR NAME

ADDRESS

CITY/STATE/ZIP

(AREA CODE) PHONE

WELL NAME

WELL COUNTY

MONTHLY REQUIREMENTS

WEEK & DATE	INJECTION PRES. (psig)	ANNULUS PRES. (psig)	FLOW RATE (Barrels per day)	CUMULATIVE VOLUME (Barrels)
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL MONTHLY VOLUME
Highest Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Lowest Value	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Specific Gravity of Injected Fluids:

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and punishment. (Ref. 40 CFR Section 144.32)

Name and Official Title

Signature

Date Signed