



**ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY**

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Lease Name: _____
 Well Number: _____

API No.: _____
 Permit No: _____
 Reporting Year: _____
 (January 1 to December 31)
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 (a/a/a/a)
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 County: _____

I. Injection Fluid:

Type (Pick one): Fresh Water Treated Brine Untreated Brine Water/Brine
 Source: Produced Water Other (Attach list)
 Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
 (Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: _____ psi Injection Zone: _____
 Maximum Authorized Injection Rate: _____ barrels per day
 Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____