



**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 | _____ | _____ | _____ | _____ | _____ |