



MONTHLY REPORT FOR INJECTION WELLS

(Due the 25th day of the month following Injection)

Report for month of _____	Field _____
Operator Name _____	Telephone # _____
Address _____	

Well name/location	Type/ Status	Days	Amount Injected/ Disposed (bbls/mcf)	Average Inj Pressure (PSI)	Max Inj Pressure (PSI)	Total Fluid/Gas Injected end of month.

Signature _____ Title _____ Date _____

I hereby certify that the foregoing is a complete (unless otherwise indicated) and correct report of operations, disposal of products, and well status for the lease or property for the month shown above.