



United States Environmental Protection Agency

ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

Name, Address, Phone and/or Email of Permittee

State

County

WELL TYPE

Brine Disposal
Enhanced Recovery
Hydrocarbon Storage

Locate well in two directions from nearest lines of quarter section and drilling unit

Surface Location

1/4 of 1/4 of Section Township Range

ft. from (N/S) Line of quarter section

ft. from (E/W) Line of quarter section.

Latitude

Longitude

Permit or EPA ID Number

API Number

Full Well Name

INJECTION PRESSURE

TOTAL VOLUME INJECTED

TUBING -- CASING
ANNULUS PRESSURE
(IF SPECIFIED IN PERMIT)

MONTH, YEAR

MAXIMUM PSIG

BBL

MCF

MAXIMUM PSIG

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 imprisonment. (Ref. 40 CFR § 144.32)

Name and Official Title (Please type or print)

Signature

Date Signed