



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 \_\_\_\_\_

WELL NAME \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

WELL COUNTY \_\_\_\_\_

(AREA CODE) PHONE \_\_\_\_\_

MONTHLY REQUIREMENTS

WEEK & DATE	INJECTION PRES. (psig)	ANNULUS PRES. (psig)	FLOW RATE (Barrels per day)	CUMULATIVE VOLUME (Barrels)
1				
2				
3				
4				
5				
Average				TOTAL MONTHLY VOLUME
Highest Value				
Lowest Value				

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

For Sample Use Only - Comparable Format Acceptable

Year \_\_\_\_\_ Month \_\_\_\_\_

U.S. ENVIRONMENTAL PROTECTION AGENCY QUARTERLY 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 months:

April - end of 1st quarter

October - end of 3rd quarter

July - end of 2nd quarter

January - end of 4th quarter

OPERATOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ WELL NAME \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ WELL COUNTY \_\_\_\_\_

\_\_\_\_\_  
(AREA CODE) PHONE \_\_\_\_\_

QUARTERLY REQUIREMENTS

Annulus Liquid Loss or Gain \_\_\_\_\_ gallons

**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

U.S. ENVIRONMENTAL PROTECTION AGENCY ANNUAL ANALYTICAL REPORT  
FOR CLASS II INJECTION WELLS

UIC Permit Number \_\_\_\_\_ Year \_\_\_\_\_  
This report shall be completed and submitted  
at the end of each year and shall be  
postmarked no later than the 10th day  
of the first month of the following year.  
Check one --> EOR SWD HS

OPERATOR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ WELL NAME \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ WELL COUNTY \_\_\_\_\_  
\_\_\_\_\_

(AREA CODE) PHONE \_\_\_\_\_

ANNUAL REQUIREMENTS

Attach the actual laboratory analysis of the following parameters:

Specific Gravity: no units

Total Dissolved Solids: in parts per million (ppm)

pH: no units

Resistivity: in ohm - meters at 75° Farenheit

Chemical Composition of Injected Fluids:

Sodium: in ppm

Calcium: in ppm

Magnesium: in ppm

Barium: in ppm

Iron (total): in ppm

Chloride: in ppm

Sulfate: in ppm

Carbonate: in ppm

Bicarbonate: in ppm

Sulfide: in ppm

Other Chemicals: in ppm

Comments: \_\_\_\_\_  
\_\_\_\_\_

Date of Sampling: \_\_\_\_\_

Sample Location: \_\_\_\_\_

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
_____	_____	_____