



DEPARTMENT of AGRICULTURE and NATURAL RESOURCES
Minerals, Mining, and Superfund Program
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Form 5A

MONTHLY REPORT FOR INJECTION WELLS

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

Report for month of _____ Field _____ Enhanced Recovery Unit _____
Operator Name _____ Telephone # _____
Address _____

Well Name & Location (Qrt-Qrt Sec, Tn-Rg)	API Number	Type*	Status**	Days	Amount Injected/ Disposed (bbls/mcf)	Average Injection Pressure (PSI)	Max Injection Pressure (PSI)	Total Fluid/Gas Injected end of month

*Type Options: **SWD** = Salt Water Disposal, **WI** = Water Injection, **AI** = Air Injection, **RM** = Reservoir Monitoring

Status Options: **INJ = Injecting, **SI** = Shut-In, **TA** = Temporarily Abandoned

Signature _____ Name (Printed) _____ 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.