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State of Utah

DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER
Executive Director

Division of Oil, Gas and Mining

JOHN R. BAZA
Division Director

December 16, 2015

To: Utah Oil and Gas Producers

From: John Rogers, Associate Director,
Utah Division of Oil, Gas and Mining

Subject: Annual Fluid Injection Report for Year 2015

Rule R649-8-21, UIC Form 4, Annual Fluid Injection Report, the Oil and Gas Conservation General Rules, requires operators of disposal wells, storage wells, or enhanced recovery projects to file an annual report with the division using this form. The report is due within **60 days** following the end of the year.

Additionally, Rule R649-5-5, Testing and Monitoring of Injection Wells, the Oil and Gas Conservation General Rules, requires operators to sample and analyze the fluids injected in each disposal well or enhanced recovery project at sufficiently frequent time intervals to yield data representative of fluid characteristics, and no less frequently than **every year**. The operator shall submit a copy of the fluid analysis to the Division with the Annual Fluid Injection Report, **UIC Form 4**.

Your earliest attention to submittal of your company's Annual Fluid Injection Report will be appreciated. Failure to submit a plan within **60 days** following the end of the year will result in a Notice of Violation (NOV). If you have any questions please call Mark Reinbold at (801) 538-5333. If you or your company do not operate injection wells, you may disregard this notice.

Enclosure



ANNUAL FLUID INJECTION REPORT

Operator: _____
Address: _____
 city _____
 state zip _____

Report Period: January 1 – December 31, 20____

Phone Number: _____
Amended Report (highlight changes)

PURPOSE OF FLUID INJECTION

Enhanced Recovery LPG Storage Disposal
Complete applicable sections below

ENHANCED RECOVERY OR LPG STORAGE PROJECT

Field or unit name	_____
Formation and depth	_____
County / counties	_____

Nature of injected fluid: Gas Fresh water Other _____
 LPG Salt water

Average daily injection volume (barrels or MCF)	_____
Number of active injection wells	_____
Number of shut-in injection wells	_____
Average wellhead injection pressure (psig)	_____

If all or part of injected fluid is fresh water, accurately describe source: _____

Briefly describe any major project changes and/or well testing programs performed during the year. Attach additional pages if necessary.

DISPOSAL WELL

Well name and number	API number	_____
Formation and depth	_____	

Well location:	QQ	Section	Township	Range	County
Average daily disposal volume (barrels)					
Average daily wellhead pressure (psig)					

Briefly describe any major repair performed on the well during the year. Attach additional pages if necessary.

I hereby certify that this report is true and complete to the best of my knowledge.

Name (Please Print) _____ Title _____
Signature _____ Date _____

INSTRUCTIONS

This form shall be submitted annually by companies operating any disposal wells, storage wells, or enhanced recovery projects within the state of Utah. The report is due within 60 days following the end of the year of operations.

Send to:

Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801

Phone: 801-538-5340

Fax: 801-359-3940