

**MONTHLY REPORT OF ENHANCED RECOVERY PROJECT**

Operator: \_\_\_\_\_  
 Address: \_\_\_\_\_  
           city \_\_\_\_\_  
           state \_\_\_\_\_ zip \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
 Report Period: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Amended Report  (highlight changes)

Field or Unit Name	Formation
Type of Project	County / Counties
Number of Active Injection Wells at the End of Report Period	

INJECTED VOLUMES	Current Month	Cumulative
Water (barrels)		
Gas (MCF)		
Other _____		

PRODUCED VOLUMES	Current Month	Cumulative
Oil (barrels)		
Gas (MCF)		
Water (barrels)		
Other _____		

**IMPORTANT:** Report monthly monitoring of individual wells on Part 2 of this form or on equivalent form in accordance with current Utah Oil and Gas Conservation General Rules. Attach additional pages as necessary.

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

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

## **INSTRUCTIONS**

This form shall be submitted monthly by the well operator to report the operations for each enhanced recovery injection well or project within the state of Utah. The report is due within 30 days following the end of the month of operations.

The monthly monitoring of individual injection wells shall be reported on Part 2 of this form

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