

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

UIC FORM 3

MONTHLY INJECTION REPORT

Operator: _____
Address: _____
 city _____
 state _____ zip _____

Report Period: _____
Phone Number: _____
Amended Report (highlight changes)

Well Name and Number	API Number
Location of Well	Field or Unit Name
Footage : _____ County : _____	Lease Designation and Number
QQ, Section, Township, Range: _____ State : UTAH	

Date	Volume Disposed	Hours in Service	Maximum Pressure	Average Operating Pressure	Tubing / Casing Annulus Pressure
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total volume injected for month _____

All time cumulative volume injected _____

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 monthly by the well operator to report the daily activities of each disposal well and/or storage well within the state of Utah. The report is due within 30 days following the end of the month 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