

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 <input type="checkbox"/>	LPG Storage <input type="checkbox"/>	Disposal <input type="checkbox"/>
Complete applicable sections below		

ENHANCED RECOVERY OR LPG STORAGE PROJECT	
Field or unit name	_____
Formation and depth	_____
County / counties	_____
Nature of injected fluid:	<input type="checkbox"/> Gas <input type="checkbox"/> Fresh water <input type="checkbox"/> Other _____ <input type="checkbox"/> LPG <input type="checkbox"/> 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