

Month of _____

Operator _____ Address _____

Lease Name _____ Field _____ County _____

Well No.	Location				P.M. or D.	Acre Feet Water Inj.	Ave. Surf. Inj. Pres.	Ave. Temp. Inj. Wtr.	Cumulative Water Inj.	Name of Inj. Zone	Source of Water
	UL	S	T	R							
TOTALS											

P.M. is injection into a producing zone for the purpose of building up or maintaining pressure.
 D. is injection into a zone other than a producing zone for disposal purposes.
 I hereby certify that the above is true and complete to the best of my knowledge and belief.

Remarks: _____ Name _____
 _____ Company _____
 _____ Title _____ Date _____