

Submit Form To: El Dorado Regional Office P.O. Box 11510 El Dorado, Arkansas 71730

FORM 18 REPORT OF UNIT OPERATIONS

Operator					Field	<u></u> t						
Address					Unit	t						
City												
Contact Person		F-Mail	E-Mail						Fax			
Contact PersonTyped or Clea							· ɑ	^				
		Report for Mo						=				
	File N	No Later Than 15 th of Mon	th Imr	nediately Follow	ring Month	Covered by	/ This Repor	t				
	1		PR	ODUCTIO		Ά						
Water Barrels				Oil Barrels T-				Gas MCF			V- G-	
Monthly Unit Production					- -							
Cumulative Unit Production						·						
				WELL ST	ATHE							
				WELL 317	4103				Injection W	/ells		
Producing Wells			Water Supply Wells					Water			Other	
Number of Active Wells	Number of Active Wells											
Number of Inactive Wells TOTAL			0			C	,		0			
TOTAL							′ 1		<u> </u>			
				NJECTION								
(Monthly Figures) Injection Volumes Injec							ction Pressure, psig Well Status					
Injection Well Name And Number		Water Barrels		Other	bing	Annı		Active				
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Monthly Unit In		0		0								
Cumulative Unit In	jection									L		
declare under the penalties	of perju	ury that this report ha	ıs be	CERTIFIC en examined		and to the	best of n		dge is true	, correc	and comple	
									early Printed	 Name		
See Instructions on Reverse	e Side							.,	,	-	Revised 04/0	

INSTRUCTIONS

1. If any place on this form does not apply to this unit please record ${\bf NA}$ in that space.

PRODUCTION DATA

Record the monthly water, oil and gas production on the Monthly Unit Production line. Gas production must be subdivided
into five different categories. In block "T" report the total production, then subdivide the production to the five categories
listed below:

S – Sales V – Vented I – Injected L – Lease Use

G – Gas Plant

3. Record the cumulative water, oil and gas production since unitization on the Cumulative Unit Production line.

WELL STATUS

- 4. If any substance other than water is being injected into the unit pool, indicate that substance on the top line of fifth column under this section.
- 5. Record the number of active and inactive wells on the appropriate line.
- 6. the Total Number of Wells in the first column on the Total line.

INJECTION DATA

- 7. If any substance other than water is being injected into the unit pool, indicate that substance and the volume unit (i.e. lbs., bbls., MCF, etc.) on the top line of the third column under this section.
- 8. List each injection well, active and inactive.
- 9. Record the amount of water and/or other substances injected during the current month, into each injection well.
- 10. Record the pressure required to inject water or other substance into the formation in the fourth column. (Injection Pressure Tubing). If the formation takes the water or other substance on a vacuum, record the word**vacuum** in that column.
- 11. Record the casing pressure in the fifth column (Injection Pressure Annulus).
- 12. Indicate the status of each well by checking the appropriate column under the Well Status column of this section.
- 13. Total columns two and three and record each column on the Monthly Unit Injection line.
- 14. Record the cumulative injection since unitization on the Cumulative Unit Injection line.
- 15. If this section does not provide adequate space to list all injection wells, please file an additional Form 18 to list the remaining wells.
- 16. Disposal wells located within the geographical confines of the unit, but disposing of water into zones other than the unitized zone, should NOT be listed on this form; but, should be listed on the AOGC Form 14 Salt Water Disposal Report.