

STATE OF WYOMING
 OIL AND GAS CONSERVATION COMMISSION
 P.O. BOX 2640
 CASPER, WYOMING 82602

Corrected Report:

OPERATOR'S MONTHLY REPORT OF WELLS

FORM 2- SEE INSTRUCTIONS ON REVERSE
 (REV. 04/12/2013)

Injection Substance (water, gas, air, LPG, etc.) _____

Source of Injection Substance _____ Formation Injection Into _____

Type of Project _____

OPERATOR: _____ CODE: _____ Address: _____ MONTH: _____ YEAR _____

INJECTION INFORMATION

FIELD NAME- RESERVOIR NAME (UNDERLINED) LEASE NAME OR LEASE NUMBER- UNIT NAME WELL NO., Qtr/Qtr.,SEC., TWP., RGE.	WELL IDENTIFICATION NO.				C L A S S	STA- TUS	PRODUCTION INFORMATION					SALES		USED on LEASE	FLARED or VENTED	DAYS INJ.	TOTAL INJECTION FOR THE PERIOD	CUMULATI VE INJECTION	PRESSURE, PSIG (SURFACE)	
	CO	WELL	S/T	RES			OIL, BBLs	API	WATER, BBLs	GAS, MCF	DAYS PROD	OIL, BBLs	GAS, MCF	GAS, MCF	GAS, MCF		BBLs, MCF, GALs	BBLs, MCF, GALs	CASING	TUBING

CLASSIFICATION CODE:

- O- OIL WELL
- G- GAS WELL
- C- Condensate well
- I- Injection well
- S- Source well
- D- Disposal well
- M- Monitor

STATUS CODE:

- FL- Flowing
- PR- Pumping, Rods
- PS- Pumping, Submersible
- PH- Pumping, Hydraulic
- GL- Gas Lift
- SI- Shut In
- TA- Temporarily Abandoned
- PA- Permanently Abandoned
- AI- Active Injector
- DR- Dormant

I HEREBY CERTIFY THAT THIS REPORT IS TRUE
 AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Signature: _____

Title: _____

Phone: _____ Email: _____

1. Time and Place of Filing- One copy of this report shall be filed with the State Oil and Gas Supervisor at Casper, Wyoming, on or before the last calendar day of the month succeeding the month covered by the report.
2. Volumes- Volumes of oil shall be reported in barrels. Do not use fractions of barrels in this report. Gas volumes shall be reported in MCF (thousand cubic feet) only at a pressure base of 14.73 psi and a temperature base of 60° F.
3. Order of the Report- This report shall be a report of one operator for one field on an individual, well by well basis. Wells in unitized areas may be reported alphabetically by reservoir and numerically by well. Signature and title of the person authorized to sign need only appear on the last page of the report, provided pages are numbered and attached.
4. Production, sales and injection volumes and pressure data shall be reported on an individual, well by well basis and by reservoir if the well produces from multiple reservoirs.
5. Reservoir Names- Reservoir names are to include the approved field name and productive formation, e.g. Patrick Draw-Almond, Quealy Dome-Tensleep. If the well is located in an area which has not been named by the Field Names Advisory Committee, it should be referred to as "undesignated" - (formation).
6. Well Status- All wells, regardless of status, shall be included on this report. Plugged and abandoned wells need not be reported after a Subsequent Report of Abandonment has been approved by the Supervisor.
7. For "type of project," insert Secondary Recovery (whether Pilot or Full-scale project), Pressure Maintenance, Storage, or Disposal.
8. "Source" refers to source of injection fluid. Show each and every different source on this form. If more room is needed than covered by this copy of the form, use additional forms.
9. Under "Total Injection for Period," show bbls, MCF, or gals, as applicable after each volume injected. Same applies to column designated "Cumulative Injection." Report gas volumes in MCF measured at a pressure base of 14.73 psi and a temperature of 60° F. and all liquid volumes in Standard U.S. 42 gallon barrels.