

**COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR NATURAL RESOURCES  
DIVISION OF OIL AND GAS**

300 Sower Blvd.  
Frankfort, KY 40601  
Phone: (502) 573-0147  
Fax: (502) 564-4245  
http://oilandgas.ky.gov



FOR OFFICIAL USE ONLY	
Bond No.:	
UIC Permit No.:	
Operator No.:	

**ANNUAL DISPOSAL OR INJECTION WELL MONITORING REPORT**

WELL ACTIVITY

Brine Disposal       Enhanced Recovery       Hydrocarbon Storage

Well Owner/Operator: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ Street \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Farm Name: \_\_\_\_\_ Well Number: \_\_\_\_\_ County: \_\_\_\_\_

Carter  FNL  FEL

Coordinates:  FSL  FWL SEC \_\_\_\_\_ LTR \_\_\_\_\_ NO. \_\_\_\_\_

Month	Year	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING-CASING ANNULUS PRES. (Optional Monitoring)	
		Average PSIG	Maximum PSIG	BBLs.	MCF	Minimum PSIG	Maximum PSIG
Jan.							
Feb.							
March							
April							
May							
June							
July							
August							
Sept.							
Oct.							
Nov.							
Dec.							

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.

Authorized Agent: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
FORM ED-18 (8/07)