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|  | OHIO DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL & GAS RESOURCES MANAGEMENT 2045 Morse Road, F-2 • Columbus, OH 43229-6693 (614) 265-6922 | This report must be submitted annually by  April 15 for each Saltwater Injection Well or Enhanced Recovery Project. | |
| Annual Report (Form 204) Rev. 01/17 | | For Calendar Year: |  |

|  |  |
| --- | --- |
| 1. Owner #: |  |
| 2. Owner Name,  Address and Telephone: |  |
| 3. API Number: |  |
| 4. Lease Name: |  |
| 5. SWIW or ERP Number: |  |
| 6. County: |  |
| 7. Civil Township: |  |

|  |  |
| --- | --- |
| 8. Type of Well:  Choose one. | Saltwater Injection Well (SWIW)  Enhanced Recovery Project (ERP)  Other Specify: |
|  |  |
| 9. Type of Fluid:  Choose all that apply. | Freshwater  Saltwater  Gas Specify: |
|  |  |
|  | Other Specify: |
|  |  |

10. Injection Pressure (PSI) and Volume (BBL or MCF)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONTH |  |  | INJECTION PRESSURE | |
| DAYS IN OPERATION | TOTAL VOLUME INJECTED | MAXIMUM | AVERAGE DAILY |
| January |  |  |  |  |
| February |  |  |  |  |
| March |  |  |  |  |
| April |  |  |  |  |
| May |  |  |  |  |
| June |  |  |  |  |
| July |  |  |  |  |
| August |  |  |  |  |
| September |  |  |  |  |
| October |  |  |  |  |
| November |  |  |  |  |
| December |  |  |  |  |

11. Complete section “A” if annulus is pressure monitored at a positive pressure on a continuous basis.  
Or, complete section “B” if annulus is pressure tested on a monthly basis.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Section A | | | |  | Section B | |
| MONTH | MAXIMUM PRESSURE | DATE ON WHICH ATTAINED | MINIMUM PRESSURE | DATE ON WHICH ATTAINED |  | MONTHLY TESTING PRESSURE  (200 PSI Min.) | PRESSURE AT END OF TEST  (15 MINUTES Min.) |
| January |  | 01 / |  | 01 / | OR |  |  |
| February |  | 02 / |  | 02 / | OR |  |  |
| March |  | 03 / |  | 03 / | OR |  |  |
| April |  | 04 / |  | 04 / | OR |  |  |
| May |  | 05 / |  | 05 / | OR |  |  |
| June |  | 06 / |  | 06 / | OR |  |  |
| July |  | 07 / |  | 07 / | OR |  |  |
| August |  | 08 / |  | 08 / | OR |  |  |
| September |  | 09 / |  | 09 / | OR |  |  |
| October |  | 10 / |  | 10 / | OR |  |  |
| November |  | 11 / |  | 11 / | OR |  |  |
| December |  | 12 / |  | 12 / | OR |  |  |

12. List all results and attach any documentation of any mechanical integrity tests run on this well during this reporting year:

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13. List all mechanical failures and downhole failures encountered during the preceding year, corrective actions taken, and the results of those actions:

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| --- | --- | --- |
|  |  |  |
| PRINT NAME |  | PRINT TITLE |
| SIGNATURE OF OWNER/AUTHORIZED AGENT |  | DATE SIGNED |

If signed by authorized agent, a certified copy of appointment of agent must be attached or on file at the division.