

STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION
MONTHLY INJECTION REPORT
20 AAC 25.432

Name of Operator:			Field and Pool:				Month and Year:						
1. Well No.	2. API No. 50-XXX-XXXXX-XX-XX	3. Type (see instruct.)	4. Field & Pool Code	5. Method (see instruct.)	6. Days in Oper.	TUBING PRESS.		CASING PRESS.		DAILY AVG. INJ.		TOTAL MONTHLY INJ.	
						7. MAX PSIG	8. AVG PSIG	9. MAX PSIG	10. AVG PSIG	11. LIQUID (BBL)	12. GAS (MCF)	13. LIQUID (BBL)	14. GAS (MCF)
I hereby certify that the foregoing is true and correct to the best of my knowledge.											15.		
Printed Name: _____ Title: _____													
Signature: _____ Date: _____											TOTAL		

INSTRUCTIONS FOR FORM 10-406:

1. Report due by the 20th of the month following reporting period.
2. Codes used in column 3, Type of well are:
 - 4 -Enhanced Recovery
 - 5 -Disposal
3. Codes used in column 4, Field and Pool Code, are as assigned by the Alaska Oil and Gas Conservation Commission.
4. Codes used in column 5, Method, are:
 - 0 -Miscible Injection (WAG)
 - 6 -Water Injection
 - 7 -Gas Injection
 - 5 -Gas Storage
 - 8 -Shut-In or Standing
 - 9 -Disposal Injection
 - 9 -Liquid Storage
5. Wells with no injection that are not abandoned should be shown with zero injection and as code 8 (Shut-in) in column 5 (Method).
6. In column 6, Days in Operation, report any portion of a day as a full day.
7. Daily Average Injection must equal Total Monthly Injection divided by Days in Operation.
8. Columns 9 and 10 are to be used for reporting the pressure on the tubing-casing annulus at the well-head.