



**ARKANSAS
OIL AND GAS
COMMISSION**

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

**FORM 14
MONTHLY CLASS II WELL DISPOSAL REPORT**

Producer _____ Field _____
 Address _____ County _____
 City _____ State _____ Zip _____
 E-Mail _____ Phone _____ Fax _____

Report for Month of _____, 20 _____

File no later than 15th of Month Following Month covered by this report

INJECTION DATA

Injection Well Name and Number	Water Injected In Barrels	Cumulative Water Injected in Barrels	Maximum Daily Injection Pressure, PSIG	Zone Injected Into
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Was any well servicing performed during month? Yes No If YES, please explain: _____

Remarks: _____

CERTIFICATE

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Signature

Typed or Clearly Printed Name

Date

INSTRUCTIONS

- 1 List each injection well.
- 2 Show the amount of water injected, during the current month, into each injection well.
- 3 Show the amount of water injected into each injection well since the date of first inception. (Cumulative Water Injected Column)
- 4 Show the maximum pressure required to inject water into the formation. If formation takes the water on a vacuum, fill in the word vacuum in the column reflecting Injection Pressure.
- 5 Show the name of the zone being injected into.
- 6 All injection wells in one field may be filed on the same form.
- 7 File a separate form for each field.