MISSISSIPPI STATE OIL & GAS BOARD
MONTHLY REPORT ON FLUIDS INJECTED

Month of _____ , 20

Operator _____

Address _____

Telephone _____

FILE NO LATER THAN 15TH OF MONTH IMMEDIATELY FOLLOWING MONTH COVERED BY THIS REPORT

Field ; Well Name ; API No.	Well No.	Fluids Injected* Gas - MCF Other - Bbl.	Injection Pressure	Reservoir & Depth Injected	
				Reservoir	Depth
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*** All Gas figures in MCF based on 10 oz. plus 14.4 psia. (15.025 psia.)**
Oil, Water and other figures based on standard U.S. 42 gal. bbl.

Remarks:

The undersigned employee of the producer named above hereby declares that he is charged with the responsibility of determining correctly the information shown on the above report; that he is employed in the capacity shown below; that this report contains no misstatement or inaccuracy, and that no pertinent matter inquired about in this report has been omitted from this report; and no gas, water or other fluid was injected other than that shown on this report; and that this report is a correct statement of the facts therein recited.

Signature _____ **Title**

Date

FILE ONLY ONE COPY. This form may be used to report all injection or disposal wells in Mississippi under the control of one operator. It is necessary, however, that the field in which the well is located be properly designated.

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FORM 14