

**STATE OF WYOMING
OIL AND GAS CONSERVATION COMMISSION
P. O. Box 2640, Casper Wyoming 82602
Operator's Monthly Disposal Well Report**

Operator: _____ Code: _____ Address: _____

BEGINNING OF THE MONTH METER READING: _____ OR DETAIL OF METHOD OF MEASUREMENT AS APPROVED BY THE OIL AND GAS

ENDING OF THE MONTH METER READING: _____ SUPERVISOR ON AN ATTACHMENT.

DISPOSAL WELL FIELD NAME- RESERVOIR NAME (UNDERLINED) LEASE NAME OR LEASE NUMBER- UNIT NAME, WELL NO., QQ, SEC., TWP., RGE.	DISPOSAL WELL WELL IDENTIFICATION NO.				C L A S S I F I C A T I O N	S T A T U S	DISPOSAL INFORMATION				
	CO	WELL	S/T	RES			Total Injection for Period	Days Inj.	Cumulative Injection bbls, MCF, gals	Pressure, PSIG (surface)	
							bbls, MCF, gals			CASING	TUBING

SOURCE WELL

FIELD NAME- RESERVOIR NAME (UNDERLINED) LEASE NAME OR LEASE NUMBER- UNIT NAME, WELL NO., QQ, SEC., TWP., RGE.	SOURCE WELL WELL IDENTIFICATION NO.				M O N T H L Y B A R R E L S F R O M S O U R C E W E L L I N J E C T E D	T R A N S F E R B Y P I P E L I N E (P) O R T R U C K (T)
	CO	WELL	S/T	RES		

I HEREBY CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

Title: _____ Phone: _____ Email: _____

INSTRUCTIONS:

1. The original and one copy of this report shall be filed with the Oil and Gas Conservation Commission.

2. The original and one copy of this report shall be filed with the Oil and Gas Conservation Commission on or before the last calendar year of the month succeeding the month covered by the report.

3. When reporting method of transportation, a "P" or a "T" is sufficient to indicate transportation by Pipeline or Truck.

4. If more space is needed to complete the source of disposal water and method of transportation portion of this report, attach additional forms.

5. Volumes of water shall be reported in barrels. Do not use fractions.

6. Plugged and abandoned wells need not be reported after a Subsequent Report of Abandonment (SR) has been approved by the Supervisor.

7. This form does not apply to injection wells in enhanced recovery projects. Their location, volumes, sources, and pressures have to be reported on the Form 2 - Operator's Monthly Report of Wells.

STATUS CODE:

TA- Temporarily Abandoned
PA- Permanently Abandoned
AI- Active Injector
DR- Dormant
SI- Shut In
SR- Subsequent Report of Abandonment