



OFFICE OF CONSERVATION

CLASS III INJECTION WELL DAILY MONITORING LOG

UIC-33/34

FOR MONTH OF _____, _____
(MONTH) (YEAR)

MAILING ADDRESS
 OFFICE OF CONSERVATION
 INJECTION & MINING DIVISION
 P.O. BOX 94275-CAPITOL STATION
 BATON ROUGE, LA 70804-9275

THIS FORM IS TO BE RETURNED TO IMD AT THE ADDRESS LISTED ABOVE NO LATER THAN THE 15TH DAY OF THE FOLLOWING MONTH.

WELL NAME		WELL NO		SERIAL NO	
SALT DOME NAME		PARISH		SECTION	
				TOWNSHIP	
				RANGE	
OPERATOR NAME				OPERATOR CODE	
MAILING ADDRESS				CITY, STATE, ZIP CODE	

DAY	INJECTING THIS DAY?	ANNULUS PRESSURE (PSI)	INJECTION PRESSURE (PSI)	AVG INJECTION FLOW RATE (GAL/MIN)	AVG VOLUME INJECTED (BBLs)	INJECTING DURING READING?	PRINT NAME OF RECORDER
1	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
3	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
4	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
6	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
7	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
8	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
9	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
10	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
11	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
12	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
13	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
14	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
15	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
16	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
17	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
18	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
19	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
20	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
21	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
22	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
23	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
24	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
25	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
26	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
27	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
28	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
29	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
30	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	
31	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO	

***Certification:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report and all attachments and that, based on my personal knowledge or inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

OPERATOR'S REPRESENTATIVE SIGNATURE _____

TITLE _____

1. WERE THERE ANY CHANGES IN THE INJECTED FLUID CONTENT? YES NO
IF YES, EXPLAIN BELOW.

2. WERE ANY WORKOVERS PERFORMED ON THE WELL? YES NO
IF YES, EXPLAIN BELOW.

3. DESCRIBE ANY SIGNIFICANT OCCURRENCES DURING OPERATION THIS QUARTER.