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| **UIC-44** |  | QUARTER OF |  |  | **MAILING ADDRESS**OFFICE OF CONSERVATIONINJECTION & MINING DIVISIONP.O. BOX 94275-CAPITOL STATION BATON ROUGE, LA 70804-9275 |
| **(1st, 2nd, 3rd, 4th)** |  | **(YEAR)** |
| **THIS FORM IS TO BE RETURNED TO IMD AT THE ADDRESS ABOVE NO LATER THAN THE 15TH DAY FOLLOWING THE END OF THE QUARTER.**  **COMPLETE THIS PAGE FOR EACH QUARTER.** |
| **WELL NAME** | **WELL NO** | **SERIAL NO** |
|  |  |  |
| **SALT DOME NAME** | **PARISH** | **SECTION** | **TOWNSHIP** | **RANGE** |
|  |  |  |  |  |
| **OPERATOR NAME** | **OPERATOR CODE** |
|  |  |
| **MAILING ADDRESS** | **CITY, STATE, ZIP CODE** | **PERMITTED MASIP** |
|  |  |  |
|  | **MAXIMUM WELLHEAD PRESSURE ON HANGING STRING (PSI)** | **MAXIMUM WELLHEAD PRESSURE ON HANGING STRING/CASING ANNULUS (PSI)** | **INJECTING DURING READING** | **PRINT NAME OF RECORDER** |
| 1ST MONTH(CIRCLE ONE)JANUARYAPRILJULYOCTOBER | WEEK 1 |  [ ]  |  | □ YES | □ NO |  |
| WEEK 2 |  |  | □ YES | □ NO |  |
| WEEK 3 |  |  | □ YES | □ NO |  |
| WEEK 4 |  |  | □ YES | □ NO |  |
| WEEK 5 |  |  | □ YES | □ NO |  |
| 2ND MONTH(CIRCLE ONE)FEBRUARYMAYAUGUSTNOVEMBER | WEEK 1 |  |  | □ YES | □ NO |  |
| WEEK 2 |  |  | □ YES | □ NO |  |
| WEEK 3 |  |  | □ YES | □ NO |  |
| WEEK 4 |  |  | □ YES | □ NO |  |
| WEEK 5 |  |  | □ YES | □ NO |  |
| 3RD MONTH(CIRCLE ONE)MARCHJUNESEPTEMBERDECEMBER | WEEK 1 |  |  | □ YES | □ NO |  |
| WEEK 2 |  |  | □ YES | □ NO |  |
| WEEK 3 |  |  | □ YES | □ NO |  |
| WEEK 4 |  |  | □ YES | □ NO |  |
| WEEK 5 |  |  | □ YES | □ 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.* |

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|  |  |  |
| OPERATOR’S REPRESENTATIVE SIGNATURE |  | TITLE |

|  |
| --- |
| WERE ANY WORKOVERS PERFORMED ON THE WELL? □ YES □ NOIF YES, EXPLAIN BELOW.  |
| WAS AN ALARM OR SHUTDOWN TRIGGERED AT ANY TIME? □ YES □ NOIF YES, EXPLAIN THE INCIDENT AND RESPONSE. |
| WERE THE PERMITTED OPERATING PARAMETERS FOR INJECTION OR ANNULUS PRESSURE EXCEEDED AT ANY TIME? □ YES □ NOIF YES, EXPLAIN BELOW. |
| DESCRIBE ANY SIGNIFICANT OCCURRENCES DURING OPERATION THIS QUARTER. |
| ***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.* |

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| OPERATOR’S REPRESENTATIVE SIGNATURE |  | TITLE |