



# OFFICE OF CONSERVATION

## CLASS II STORAGE WELL WEEKLY MONITORING LOG

**UIC-44**

(1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>)

QUARTER OF

(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 ABOVE NO LATER THAN THE 15<sup>TH</sup> 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 (SELECT ONE)	WEEK 1				
	WEEK 2				
	WEEK 3				
	WEEK 4				
	WEEK 5				
2nd MONTH (SELECT ONE)	WEEK 1				
	WEEK 2				
	WEEK 3				
	WEEK 4				
	WEEK 5				
3rd MONTH (SELECT ONE)	WEEK 1				
	WEEK 2				
	WEEK 3				
	WEEK 4				
	WEEK 5				

**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



# OFFICE OF CONSERVATION

## CLASS II STORAGE WELL QUARTERLY SUMMARY REPORT

SERIAL NUMBER \_\_\_\_\_

(1st, 2nd, 3rd, 4th)

QUARTER OF \_\_\_\_\_

(YEAR)

WERE ANY WORKOVERS PERFORMED ON THE WELL?  
IF YES, EXPLAIN BELOW.

WAS AN ALARM OR SHUTDOWN TRIGGERED AT ANY TIME?  
IF YES, EXPLAIN THE INCIDENT AND RESPONSE.

WERE THE PERMITTED OPERATING PARAMETERS FOR INJECTION OR ANNULUS PRESSURE EXCEEDED AT ANY TIME?  
IF YES, EXPLAIN BELOW.

DESCRIBE ANY SIGNIFICANT OCCURRENCES DURING OPERATION THIS QUARTER.

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