



OFFICE OF CONSERVATION

INACTIVE CAVERN DAILY MONITORING LOG

UIC-46

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

PLEASE SUBMIT COMPLETED
 FORM TO:
 INJECTION-MINING@LA.GOV

THIS FORM IS TO BE RETURNED TO IMD AT THE ADDRESS ABOVE NO LATER THAN THE 15TH DAY FOLLOWING THE END OF THE 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
DOES THE WELL HAVE A PAD? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE THE PAD MATERIAL		DOES THE WELL HAVE A HANGING STRING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DAY	ANNULUS PRESSURE AT TIME OF READING (PSI)	HANGING STRING PRESSURE AT TIME OF READING (PSI)	MAXIMUM WELLHEAD PRESSURE ON HANGING STRING (PSI) FOR THE DAY	MAXIMUM WELLHEAD PRESSURE ON HANGING STRING/CASING ANNULUS (PSI) FOR THE DAY	PRINT NAME OF RECORDER
1					
2					
3					
4					
5					
6					
7					
8					
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28					
29					
30					
31					

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

INACTIVE CAVERN DAILY MONITORING LOG

UIC-46

FOR THE MONTH OF _____,

(MONTH)

(YEAR)

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

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

WAS AN ALARM OR SHUTDOWN TRIGGERED AT ANY TIME? YES NO
IF YES, EXPLAIN THE INCIDENT AND RESPONSE.

WERE THE PERMITTED OPERATING PARAMETERS FOR INJECTION OR ANNULUS PRESSURE EXCEEDED AT ANY TIME? YES NO
IF YES, EXPLAIN BELOW.

DESCRIBE ANY SIGNIFICANT OCCURRENCES DURING OPERATION THIS MONTH.

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TITLE