



Class II Injection Well Daily Monitor Log

MECHANICAL INTEGRITY MONITORING

This log shall be retained by the Operator at the field location for a minimum period of three (3) years.

UIC-11 FOR MONTH OF _____, 20____

Operator's Name & Address:					Operator Code:	
Well Name and Number:				Serial No.:		MASIP:
Field:			Parish:		Sect:	Twp. Rng.
Day	Time Recorded	Annulus Pressure (psi)	Injection Pressure (psi)	Injecting at Time of Reading?		Name of Recorder (Print)
1				" Yes	" No	
2				" Yes	" No	
3				" Yes	" No	
4				" Yes	" No	
5				" Yes	" No	
6				" Yes	" No	
7				" Yes	" No	
8				" Yes	" No	
9				" Yes	" No	
10				" Yes	" No	
11				" Yes	" No	
12				" Yes	" No	
13				" Yes	" No	
14				" Yes	" No	
15				" Yes	" No	
16				" Yes	" No	
17				" Yes	" No	
18				" Yes	" No	
19				" Yes	" No	
20				" Yes	" No	
21				" Yes	" No	
22				" Yes	" No	
23				" Yes	" No	
24				" Yes	" No	
25				" Yes	" No	
26				" Yes	" No	
27				" Yes	" No	
28				" Yes	" No	
29				" Yes	" No	
30				" Yes	" No	
31				" Yes	" No	

*Utilized for Class II SWD wells operating under surface casing variance.

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: _____ Title: _____

Signature: _____ Phone () _____