



Quarterly Class I Waste Disposal Well Report

Mail to: DNR, Office of Conservation, Injection and Mining Division
 P.O. Box 94275, Baton Rouge, LA 70804-9275

Overnight to: DNR, Office of Conservation, Injection and Mining Division
 617 North 3rd Street, Baton Rouge, LA 70802

UIC-24 _____ QUARTER OF 20____

Company Name and Address:

This form is to be completed and returned to IMD no later than the 30 days after the end of quarter to the address above.

	Well _____ Serial No. _____ Perfs--Top: _____ Bottom: _____			Well _____ Serial No. _____ Perfs--Top: _____ Bottom: _____			Well _____ Serial No. _____ Perfs--Top: _____ Bottom: _____			Well _____ Serial No. _____ Perfs--Top: _____ Bottom: _____		
Month / Number of days any injection occurred	/	/	/	/	/	/	/	/	/	/	/	/
Volume of Month												
Cumulative Total (Life of Well)												
Average Daily (When injecting)												
Maximum Daily												
Minimum Daily (When injecting)												
Surface Injection Pressure (psi)												
Average (When injecting)												
Maximum												
Annular Pressure												
Average (When Pressured)												
Maximum												
Minimum (at any time)												
Injection Rate (gpm)												
Average (When Injecting)												
Maximum												
Annular Fluid Maintenance (gallons)												
In/Out (Of Reservoir)	/	/	/	/	/	/	/	/	/	/	/	/

AS AN ATTACHMENT, ENCLOSE THE FOLLOWING INFORMATION FOR EACH WELL:

1. Describe all fluids injected during the quarter showing:
 - A. Origin of each injection streams;
 - B. Percent concentration of the major constituents of each injection stream, if applicable;
 - C. Physical description of each injection stream, if applicable;
 - D. Chemical analysis of the revelant constituents of each injection stream (including pH);
 - E. Biological, radiochemical, or any other analyses that may have been performed.
2. Describe and give the results of any pertinent activities conducted during the quarter, including, but not limited to:
 - A. Well workover operations;
 - B. Mechanical integrity tests performed (whether by operator or Office of Conservation official);
 - C. Calibration and other maintenance of monitoring equipment.
3. Explain any unusual occurrences in the monitoring record during the quarter, including, but not limited to:
 - A. Breaks or inconsistencies;
 - B. Injection pressure exceeding permitted maximum;
 - C. Annular pressure drop below 200 psi (including length of time);
 - D. For Hazardous Waste Wells, annular pressure drop below operating injection pressure.
4. For Hazardous Wells Injecting Corrosive Fluids, provide results of corrosion monitoring.

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.*

Signature of Operator's Representative: _____ **Title:** _____

Date: _____ **Phone ()** _____