



Class III Injection Well Quarterly Report

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

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

UIC-33 _____ **QUARTER OF 20** _____

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

Operator's Name & Address:			Site Location:		
Well Name and Number:			Serial No.:		MASIP*:
Field:	Parish:	Sect:	Twp.	Rng.	

*MAXIMUM AUTHORIZED SURFACE INJECTION PRESSURE

MONTH OF _____

Surface Injection Pressure Daily Average (psi)		Average Injection Flow Rate (Gallons Per Minute)		Average Volume Injected (Barrels per day)	
1 ST Two Weeks	2 ND Two Weeks	1 ST Two Weeks	2 ND Two Weeks	1 ST Two Weeks	2 ND Two Weeks

MONTH OF _____

Surface Injection Pressure Daily Average (psi)		Average Injection Flow Rate (Gallons Per Minute)		Average Volume Injected (Barrels per day)	
1 ST Two Weeks	2 ND Two Weeks	1 ST Two Weeks	2 ND Two Weeks	1 ST Two Weeks	2 ND Two Weeks

MONTH OF _____

Surface Injection Pressure Daily Average (psi)		Average Injection Flow Rate (Gallons Per Minute)		Average Volume Injected (Barrels per day)	
1 ST Two Weeks	2 ND Two Weeks	1 ST Two Weeks	2 ND Two Weeks	1 ST Two Weeks	2 ND Two Weeks

Please note that Statewide Order 29-N-1 § 50.27 Paragraph B (LAC 43:XVII.109.B.7.b) allows the option to report the injected and produced volumes per day rather than these values. If chosen, please include a separate log with this Form with each daily reading.

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: _____ **Title:** _____

Signature: _____ Phone () _____

1. Were there any changes in the injected fluid content? _____ If so, explain below:

2. Were any workovers performed on the well? _____ If so, explain below

3. Describe any significant occurrences during operation this quarter.
