

Class II Well Injection Pressure & Rate Daily Monitoring Log

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, 625 North 4th Street, Baton Rouge, LA 70802

UIC-36 FOR MONTH OF _____, 20__

This form is to be completed and returned to IMD no later than the 15th day of the following month at the address listed above.				
Operator's Name & Site Location:			Operator Code:	
Well Name and Number:		Serial No.:		MASIP®:
Field		Parish		Sect
				Twp
				Rng
Day	Maximum Daily Injection Pressure (psi)	Maximum Daily Injection Rate (gpm)	Recorder Initials & Time of Reading	COMMENTS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
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31				

® Maximum Authorized Surface Injection Pressure

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: _____
(Please Print Name)

Signature: _____ Date: _____