

Facility Well Name

UIC Permit #

Month

Year

Submitted

Approved

KOLAR Document ID

Class I-V Injection Well Monthly Monitoring

Summary of Monthly Report

Number of days injection occurred:

Barrels per Day Maximum:

| | Injection Volume Barrels per Day | Injection Rate Barrels per Minute | Annulus Pressure psig min | | Injection Pressure | | Amount Added to Seal Pot |
|-----------------|-------------------------------------|--------------------------------------|------------------------------|----------------------|--------------------|----------------------|-----------------------------|
| | | | Gauge psig | Cont. Record psig | Gauge psig | Cont. Record psig | |
| Monthly Average | | | | | | | |
| Monthly Maximum | | | | | | | |
| Monthly Minimum | | | | | | | |
| Monthly Total | | | | | | | |

Summary of Continuous Recorder Data

| Maximum Annulus Pressure psig | Minimum Annulus Pressure psig | Maximum Injection Pressure psig | Minimum Injection Pressure psig |
|----------------------------------|----------------------------------|------------------------------------|------------------------------------|
| | | | |

Comments:

Weekly Injectate Samples

Kansas Lab Certificate Number

| Week | Temperature | | pH | | Chloride | | | | |
|------|--------------------|------|----------------|------|-------------------------|-----------------------|---------------------|--|--|
| | Degrees Fahrenheit | Date | Standard Units | Date | Cl concentration (mg/l) | Date Sample Collected | Date Sampl Analysed | | |
| | | | | | | | | | |
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No monthly injectate samples required.