

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:

			Annulus Pressure psig min		Injection Pressure		Amount Added to Seal Pot
	Injection Volume Barrels per Day	Injection Rate Barrels per Minute	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:

### **Daily Recorder Data**

[illegible]

## 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		

**No monthly injectate samples required.**

## Quarterly Injectate Samples

## Quarter

**Date Sample Collected****Kansas Lab Certificate Number**

**Lab Name**

*These samples shall be representative of injection activity and shall therefore be collected on days of injection.*

[illegible]