

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*

| Week | Temperature (°F)* (measured at the time of sample collection) | Temperature Date | pH (Standard Units) 5.0-10.0 limit (analyze immediately) | pH Date | Cl (mg/l) | Date Cl sample collected | Date Chloride Sample analyzed |
|--------|--|------------------|---|---------|-----------|--------------------------|-------------------------------|
| Week 1 | | | | | | | |
| Week 2 | | | | | | | |
| Week 3 | | | | | | | |
| Week 4 | | | | | | | |
| Week 5 | | | | | | | |

QUARTERLY INJECTATE SAMPLE*

| Quarter | Date Sample Collected | Date Sample Analyzed | Ca (mg/l) | Mg (mg/l) | SO ₄ (mg/l) | Oil & Grease (mg/l) | Total Suspended Solids (mg/l) | Total Alkalinity (as CaCO ₃ in mg/l) | Total Hardness (as CaCO ₃ in mg/l) | Conductivity (Mmhos) |
|---------|-----------------------|----------------------|-----------|-----------|------------------------|---------------------|-------------------------------|---|---|----------------------|
| | | | | | | | | | | |

 Name of Lab Conducting Quarterly Analyses

Kansas Lab Certification Number

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

Summary of Continuous Recording Data for the Month **

Maximum Annulus Pressure: 70.54

Maximum Injection Pressure/Vacuum: 1.0

Minimum Annulus Pressure: 68.45

Minimum Injection Pressure/Vacuum: 0.72

(** This information shall be determined from review of all the continuous recording data for the entire month.)

I certify under penalty of law that this document and all attachments were prepared under direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the systems, or those persons directly responsible for gathering the information, the information submitted, is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature, Authorized Representative

Title Complex Manager

Date