

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:**

## Daily Recorder Data

[illegible]

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 <sub>4</sub> (mg/l)	Oil & Grease (mg/l)	Total Suspended Solids (mg/l)	Total Alkalinity (as CaCO <sub>3</sub> in mg/l)	Total Hardness (as CaCO <sub>3</sub> 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: 70.13      Maximum Injection Pressure/Vacuum: 1.16

Minimum Annulus Pressure: 67.14      Minimum Injection Pressure/Vacuum: -0.21

(\*\* 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