

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

## Summary of Continuous Recorder Data

| Maximum Annulus Pressure<br>psig | Minimum Annulus Pressure<br>psig | Maximum Injection Pressure<br>psig | Minimum Injection Pressure<br>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 |  |  |
|      |                    |      |                |      |                         |                       |                     |  |  |
|      |                    |      |                |      |                         |                       |                     |  |  |
|      |                    |      |                |      |                         |                       |                     |  |  |
|      |                    |      |                |      |                         |                       |                     |  |  |
|      |                    |      |                |      |                         |                       |                     |  |  |

**No monthly injectate samples required.**

