

**INFORMATION REQUIRED OF CLASS II INJECTION WELL OPERATORS
SEEKING BLANKET OR FINANCIAL STATEMENT COVERAGE**

Company Name: _____ Date Company Started: _____ Public: ____
Private: ____

The following information on production fields should be supplied. The information should cover:
 (1) the field(s) associated with the injection wells in this financial responsibility application;
 (2) at least one currently producing field that the applicant has operated for more than five years; and
 (3) at least one field with an estimated remaining operating life exceeding five years.

Field Name	Field Location	Date Production Started`	Number of Producing Wells	Number of Injection Wells	Wells Plugged	Estimated Remaining Operating Life of Field
1.						
2.						
3.						
4.						
5.						

I certify that the information provided above is correct.

Signature of Professional Engineer: _____ Date: _____

or

Signature of Professional Geologist: _____ Date: _____

or

Signature of Consulting Engineer: _____ Date: _____

or

Signature of Operations Manager: _____ Date: _____