

United States Environmental Protection Agency



ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT

Name, Address, Phone and/or Email of Permittee

State	County
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WELL TYPE Brine Disposal Enhanced Recovery Hydrocarbon Storage INJECTATE DESCRIPTION	Locate well in two directions from nearest lines of quarter section and drilling unit Surface Location <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;">1/4 of</td> <td style="text-align: center; width: 15%;">1/4 of</td> <td style="text-align: center; width: 15%;">Section</td> <td style="text-align: center; width: 15%;">Township</td> <td style="text-align: center; width: 15%;">Range</td> </tr> <tr> <td style="text-align: center;">ft. from (N/S)</td> <td colspan="2" style="text-align: center;">Line of quarter section</td> <td colspan="2"></td> </tr> <tr> <td style="text-align: center;">ft. from (E/W)</td> <td colspan="2" style="text-align: center;">Line of quarter section.</td> <td colspan="2"></td> </tr> </table>	1/4 of	1/4 of	Section	Township	Range	ft. from (N/S)	Line of quarter section				ft. from (E/W)	Line of quarter section.			
1/4 of	1/4 of	Section	Township	Range												
ft. from (N/S)	Line of quarter section															
ft. from (E/W)	Line of quarter section.															
Latitude	Longitude															

Permit or EPA ID Number	API Number	Full Well Name
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MONTH, YEAR	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
	MAXIMUM PSIG	BBL	GALLONS	MCF	MAXIMUM PSIG

Certification

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR § 144.32)

Authorized Signatory and Official Title <i>(Please type or print)</i>	Signature	Date Signed
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INSTRUCTIONS FOR FORM 7520-11

Owners or operators of Class II injection wells should use this form to submit required monitoring data annually. Owners or operators of all other well classes should use Form 7520-8. Please submit a separate form for each well.

NAME, ADDRESS, PHONE AND/OR EMAIL OF PERMITTEE: Enter the name and street address, city/town, state, and ZIP code of the permittee. Also provide an email address (if available) and/or a phone number.

Enter the **STATE** and **COUNTY** where the well is located. For States that do not have counties, use the name of that State's equivalent jurisdiction at a more local level.

Check the appropriate box to describe the **WELL TYPE**.

Use the space provided to describe the **INJECTATE**. Attach additional pages if needed.

WELL LOCATION: Fill in the complete township, range, and section to the nearest quarter-quarter section. A township is north or south of the baseline, and a range is east or west of the principal meridian (e.g., T12N, R34W). Also include the distance, in feet, from the nearest north or south line and nearest east or west line of the quarter-section. Also, enter the **latitude** and **longitude** of the well in decimal degrees, to five or six places if possible; be sure to include a negative sign for the longitude of a well in the Western Hemisphere and a negative sign for the latitude of a well in the Southern Hemisphere.

PERMIT OR EPA ID NUMBER: Enter the well identification number or permit number assigned to the injection well by the EPA or the permitting authority.

API NUMBER: Enter the number assigned by the local jurisdiction (usually a State Oil and Gas Agency) using the American Petroleum Institute standard numbering system.

FULL WELL NAME: Enter the full name of the well or project.

Enter on a separate row, each month and year for which monitoring results are reported. Provide the following information: **MAXIMUM INJECTION PRESSURE**, in pounds per square inch gauge (psig); **TOTAL VOLUME INJECTED** in barrels (bbl), gallons, or millions of cubic feet (mcf); and **MAXIMUM TUBING-CASING ANNULUS PRESSURE** (if specified in the permit) in psig.

CERTIFICATION: This form must be signed and dated by either: a responsible corporate officer for a corporation, by a general partner for a partnership, by the proprietor of a sole proprietorship, or by a principal executive or ranking elected official for a public agency.

PAPERWORK REDUCTION ACT NOTICE: The public reporting and recordkeeping burden for this collection of information is estimated to average 29.7 hours per response. Burden means the total time, effort, or financial resource expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal Agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to the collection of information; search data sources; complete and review the collection of information; and, transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including the use of automated collection techniques to Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed forms to this address.