

United States Environmental Protection Agency



**ANNUAL CLASS II DISPOSAL/INJECTION WELL MONITORING REPORT**

Name, Address, Phone and/or Email of Permittee

State \_\_\_\_\_ County \_\_\_\_\_

<b>WELL TYPE</b> Brine Disposal Enhanced Recovery Hydrocarbon Storage	Locate well in two directions from nearest lines of quarter section and drilling unit			
	Surface Location			
	1/4 of _____ ft. from (N/S) _____ ft. from (E/W) _____	1/4 of _____ Line of quarter section _____ Line of quarter section. _____	Township _____	Range _____
	Latitude _____	Longitude _____		

Permit or EPA ID Number \_\_\_\_\_ API Number \_\_\_\_\_ Full Well Name \_\_\_\_\_

MONTH, YEAR	INJECTION PRESSURE	TOTAL VOLUME INJECTED		TUBING -- CASING ANNULUS PRESSURE (IF SPECIFIED IN PERMIT)
	MAXIMUM PSIG	BBL	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)

Name and Official Title <i>(Please type or print)</i>	Signature <i>Brian Shpakoff</i>	Date Signed
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