

COMMONWEALTH OF KENTUCKY  
 DEPARTMENT FOR NATURAL RESOURCES  
 DIVISION OF OIL AND GAS  
 300 SOWER BLVD  
 FRANKFORT, KY 40601  
 502-573-0147



# ANNUAL DISPOSAL OR INJECTION WELL MONITORING REPORT

Salt Water Disposal       Secondary Recovery       Hydrocarbon Storage

Well Owner/Operator \_\_\_\_\_

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Phone \_\_\_\_\_ Email \_\_\_\_\_

D.O.G. Permit No \_\_\_\_\_ EPA Identification No KYS \_\_\_\_\_

Mineral Owner Name \_\_\_\_\_ Well No \_\_\_\_\_ County \_\_\_\_\_

Carter Coordinate Location  
 FNL       FEL  
 FSL       FWL    SEC \_\_\_\_\_ LETTER \_\_\_\_\_ NUMBER \_\_\_\_\_

Month	Year	INJECTION PRESSURE		TOTAL VOLUME INJECTED		TUBING-CASING ANNULUS PRES. (Optional Monitoring)	
		Average PSIG	Maximum PSIG	BBLS.	MCF	Minimum PSIG	Maximum PSIG
Jan.							
Feb.							
March							
April							
May							
June							
July							
August							
Sept.							
Oct.							
Nov.							
Dec.							

**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.

If any entity other than a sole proprietorship, signatory must be an officer of the entity or provide power of attorney to execute documents. If a sole proprietorship, signatory must be same or provide power of attorney to execute documents.

Signature of Operator \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Sworn To and Subscribed Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 My Commission Expires      Notary Public