



Facility Name: _____
 EPA ID No.: _____
 Permit No.: _____
 Date: _____

INJECTION WELL MONTHLY REPORT

Month/Number of days any injection occurred	Well No. _____ / _____	Well No. _____ / _____
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Part I

VOLUME (gallons)

Volume for month		
Cumulative Total (for the year)		
Average Daily (when injecting)		
Maximum Daily		
Minimum Daily (when injecting)		

SURFACE INJECTION PRESSURE (psi)

Average (when injecting)		
Maximum		

ANNULAR PRESSURE (psi)

Average (when pressurized)		
Maximum		
Minimum (at any time)		

INJECTION RATE (gpm)

Average (when injecting)		
Maximum		

Part II

AS AN ATTACHMENT, ENCLOSE THE FOLLOWING INFORMATION FOR EACH WELL

1. Describe all fluids injected during the month showing:
 - A. Origin of each injection stream;
 - B. Percent concentration of the major constituents of each injection stream, if applicable;
 - C. Physical description of each injection stream—such as color, turbidity, odor, density, viscosity, temperature;
 - D. Groundwater analysis of the deep monitor well.
2. Describe and give the results of any pertinent activities conducted during the month including, but not limited to:
 - A. Well workover operations;
 - B. Mechanical integrity tests performed (whether by operator or DEQ official);
 - C. Calibration and other maintenance of monitoring equipment.
3. Explain any unusual occurrences in the monitoring record during the month, including, but not limited to:
 - A. Breaks or inconsistencies;
 - B. Injection pressure exceeding permitted maximum;
 - C. Annular pressure drop below permitted minimum;
 - D. Maintenance to annular fluid volume or pressure.

I hereby certify that the information submitted in this and all attached documents is accurate and complete.

 (Signature of authorized representative)

 (Date)

 (Name and title)

 (Telephone)

File this report no later than 15 days after the end of the calendar quarter to:
 Department of Environmental Quality
 Land Protection Division
 P.O. Box 1677
 Oklahoma City, Oklahoma 73101-1677