United States Environmental Protection Agency Washington, DC 20460 ANNUAL DISPOSAL/INJECTION WELL MONITORING REPORT								
Name and Address of Existing Permittee Name and Address of Surface Owner								
	ocate Well and C		State)		County	Permit	Number
3	Section Plat - 640 Acres N			Surface Location Description				
Image: state stat								
_	Image:							-
w								
-								
	Hydrocarbon Storage Number of Wells							
	Lease Name Well Number							
S								
TUBING CASING ANNULUS PRESSURE INJECTION PRESSURE TOTAL VOLUME INJECTED (OPTIONAL MONITORING)								
MONT	'H YEAR	AVERAGE PSIG	MAXIMUM PSIG	E	BBL	MCF	MINIMUM PSIG	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 possibliity of fine and imprisonment. (Ref. 40 CFR 144.32)								
Name a	and Official Title	(Please type or print)		Signature				Date Signed

PAPERWORK REDUCTION ACT

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