



**OFFICE OF CONSERVATION
ENVIRONMENTAL DIVISION**

Mailing Address

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E-Mail

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225-242-3505

FOR THE MONTH OF _____, 20_____

UIC-21

Commerical Class II Injection Well Daily Monitor Log

This form is to be completed and returned to the Environmental Division at the email address, fax number, or mailing address listed above no later than the 15th day of the following month.

DISPOSER'S NAME AND SITE LOCATION				SITE CODE		
WELL NAME AND NO.		SERIAL NO.		OBSERVED MAX PRESSURE		MASIP
VOLUME RECORDER READING FOR CURRENT MONTH BBLs		VOLUME RECORDER READING FOR PREVIOUS MONTH BBLs		VOLUME RECORDER TOTAL MONTHLY INJECTED BBLs		
DAY	OBSERVED ANNULUS PRESSURE (PSI)	OBSERVED INJECTION RATE (GPM)	OBSERVED INJECTION PRESSURE (PSI)	INJECTING AT TIME OF READING? YES NO	RECORDER INITIALS & TIME OF READING	COMMENTS
1				YES NO		
2				YES NO		
3				YES NO		
4				YES NO		
5				YES NO		
6				YES NO		
7				YES NO		
8				YES NO		
9				YES NO		
10				YES NO		
11				YES NO		
12				YES NO		
13				YES NO		
14				YES NO		
15				YES NO		
16				YES NO		
17				YES NO		
18				YES NO		
19				YES NO		
20				YES NO		
21				YES NO		
22				YES NO		
23				YES NO		
24				YES NO		
25				YES NO		
26				YES NO		
27				YES NO		
28				YES NO		
29				YES NO		
30				YES NO		
31				YES NO		

*Take volume recorder reading on last day of each month

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report and all attachments and that, based on my personal knowledge or 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. I further acknowledge and agree that by typing my name or placing my mark in the signature space on this document it is my intention to electronically sign the document. Further, the electronic signature shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Disposer Authorized Representative: _____
(Please Print Name)

Title: _____

Signature: _____

Date: _____