

MONTHLY REPORT OF ENHANCED RECOVERY PROJECT

Operator: _____
 Address: _____
 city _____
 state _____ zip _____

Page _____ of _____
 Report Period: _____
 Phone Number: _____
 Amended Report (highlight changes)

Field or Unit Name	Formation
Type of Project	County / Counties
Number of Active Injection Wells at the End of Report Period	

INJECTED VOLUMES	Current Month	Cumulative
Water (barrels)		
Gas (MCF)		
Other _____		

PRODUCED VOLUMES	Current Month	Cumulative
Oil (barrels)		
Gas (MCF)		
Water (barrels)		
Other _____		

IMPORTANT: Report monthly monitoring of individual wells on Part 2 of this form or on equivalent form in accordance with current Utah Oil and Gas Conservation General Rules. Attach additional pages as necessary.

I hereby certify that this report is true and complete to the best of my knowledge.

Name (Please Print) _____ Title _____
 Signature _____ Date _____

Comments:

INSTRUCTIONS

This form shall be submitted monthly by the well operator to report the operations for each enhanced recovery injection well or project within the state of Utah. The report is due within 30 days following the end of the month of operations.

The monthly monitoring of individual injection wells shall be reported on Part 2 of this form

Send to:

Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801

Phone: 801-538-5340

Fax: 801-359-3940