

MBOGC

Montana Board of Oil & Gas Conservation
 2535 St. Johns Avenue
 Billings, MT 59102

Report of Subsurface Injection

(Submit in triplicate)

ARM 36.22.307 and ARM 36.22.1234

For Month of: _____

For Board Use Only	
Operator Number:	_____
Field Number:	_____

Operator: _____

County: _____

Check if Amended Report:

Field: _____

Unit/Lease Name: _____

Injection Fluid Type: _____

Fluid Source: _____

Project Type: _____

Formation Injected into: _____

API Well Number	Well Name and Number	Sec.	Twp.	Rge.	Days Inj.	Monthly Injection Volume (Bbls or MCF)	Max. Injection Rate (Bbls or MCF per day)	Total Cumulative Injection (Bbls or MCF)	Max Inj. Pressure (psig)	Avg. Inj. Pressure (psig)	Max Annulus Pressure (psig)	Average Annulus Pressure (psig)

Remarks: _____

Agent's Signature: _____
 Agent's Name (Please Print): _____
 Title: _____
 Address: _____
 Telephone Number: _____

Note: Mail three (3) copies of this report to the Montana Board of Oil and Gas Conservation at Helena, Montana, on or before the last day of each month following the month covered by the report. Separate report(s) must be filed covering each injection or disposal project.