Form No. 5 RO 7/96

MBOGC

Report of Subsurface Injection

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Supplemental Page(s)

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

ARM 36.22.307 and ARM 36.22.1234

For Month of: ____________________

Operator: ____________________ **Field:** ____________________ **Unit/Lease Name:** ____________________

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)