Form No. 5 R10/98

MBOGC

Montana Board of Oil & Gas Conservation
1625 11th Avenue
P.O. Box 201601
Helena, MT 59620-1601

Report of Subsurface Injection

ARM 36.22.307, 36.22.1242, 36.22.1414, & 36.22.1415

For Board Use Only

Operator Number: _____

Field Number: _____

For Month of: _____ (Month / Year)

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)	Maximum Injection Rate (Bbls per day or MCF per day)	Total Cumulative Injection (Bbls or MCF)	Max. Inj. Pressure (psig)	Avg. Inj. Pressure (psig)	Maximum Annulus Pressure (psig)	Average Annulus Pressure (psig)

Remarks:

Agent's Signature: _____

Agent's Name (Please Print): _____

Title: _____

Address: _____

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.

INSTRUCTIONS FOR COMPLETING FORM 5

General:

1. All unplugged injection wells are to be reported monthly on Form 5.
2. Each well or unit is to be reported on an individual form or series of forms. A second page is available for use in the units with more than eight injection wells, however, the front or signature page must be included with all submitted forms.
3. Three copies of the completed form(s) should be mailed to the Helena address provided on the form

Top Portion of Form:

1. Enter the month which the injection report covers and check the amended report box if applicable.
2. Enter the company name, county, field, and lease or unit name on the lines provided.
3. Injected Fluid Type should describe the material injected, such as "water", "CO2", etc.
4. Project Type should indicate if the wells are "disposal", "commercial disposal", "enhanced recovery", etc.
5. Fluid Source can be a list of well API numbers if the injected fluid comes from a limited number of wells, or a general statement such as "lease" or "unit produced water".
6. Identify the "Formation Injected Into" in the space provided.

Middle Portion of Form:

1. Fill out the eight-digit API well number (county and sequential number), well name and number, and Section, Township, and Range in the spaces provided.
2. Enter the number of days injected during the reported month into the column marked "Days Inj."
3. Enter the volume injected during the reported month in the column marked "Monthly Injection Volume". This volume should be reported in barrels or MCF, whichever is applicable
4. Enter the maximum injection rate during the month in the column marked "Maximum Injection Rate". This volume should be reported in barrels or MCF per day, whichever is applicable.
5. Enter the cumulative injection for each well in the column marked "Total Cumulative Injection".
6. Enter maximum injection pressure for the month in the column labeled "Max. Inj. Pressure", and the average injection pressure during the month in the column marked "Avg. Inj. Pressure".
7. Enter the maximum and average annulus pressures for the month in the columns marked "Maximum Annulus Pressure" and "Average Annulus Pressure".

Lower Portion of Form:

1. Enter any pertinent remarks in the space provided.
2. Sign the form and enter the printed name and address of the agent who completes the form