

Class II Well Injection Pressure & Rate Daily Monitoring Log

Mail to: LDNR, Office of Conservation, Injection and Mining Division, 617 North 3rd Street, Baton Rouge, LA 70802

UIC-36 FOR MONTH OF _____, 20__

| If requested, this form is to be completed and returned to IMD no later than the 15 th day of the following month at the address listed above. | | | | |
|---|--|------------------------------------|-------------------------------------|----------|
| Operator's Name & Site Location: | | | Operator Code: | |
| Well Name and Number: | | Serial No.: | MASIP: | |
| Field | | Parish | Sect | Twp |
| Rng | | | | |
| Day | Maximum Daily Injection Pressure (psi) | Maximum Daily Injection Rate (gpm) | Recorder Initials & Time of Reading | COMMENTS |
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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. The operator shall be held liable for any false, incorrect, and/or incomplete entry on this document and shall be subject to enforcement action and possible civil and/or criminal penalties as provided in LRS 30:17 and 18.

Operator's Representative: _____ Title: _____
(Print Name)

Signature: _____ Date: _____