Form No. 5 R 10/09

MBOGC

Report of Subsurface Injection

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Supplemental Page(s)

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

ARM 36.22.307 and ARM 36.22.1415

For Month of: _____
(Month and Year)

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)