



OFFICE OF PERMITTING AND COMPLIANCE
 ENGINEERING DIVISION
 FOR THE MONTH OF _____, 20_____

FORM SUBMISSION:
 EMAIL: Environmental-Div@la.gov

UIC-21

Commerical Class II Injection Well Daily Monitor Log

This form is to be completed and returned to the Engineering Division at the address listed above no later than the 15th day of the following month.

DISPOSER'S NAME AND SITE LOCATION				SITE CODE		
WELL NAME AND NO.		SERIAL NO.		OBSERVED MAX PRESSURE		
VOLUME RECORDER READING FOR CURRENT MONTH		VOLUME RECORDER READING FOR PREVIOUS MONTH		VOLUME RECORDER TOTAL MONTHLY INJECTED		
BBLs		BBLs		BBLs		
DAY	OBSERVED ANNULUS PRESSURE (PSI)	OBSERVED INJECTION RATE (GPM)	OBSERVED INJECTION PRESSURE (PSI)	INJECTING AT TIME OF READING?	RECORDER INITIALS & TIME OF READING	COMMENTS
1				<input type="checkbox"/> YES <input type="checkbox"/> NO		
2				<input type="checkbox"/> YES <input type="checkbox"/> NO		
3				<input type="checkbox"/> YES <input type="checkbox"/> NO		
4				<input type="checkbox"/> YES <input type="checkbox"/> NO		
5				<input type="checkbox"/> YES <input type="checkbox"/> NO		
6				<input type="checkbox"/> YES <input type="checkbox"/> NO		
7				<input type="checkbox"/> YES <input type="checkbox"/> NO		
8				<input type="checkbox"/> YES <input type="checkbox"/> NO		
9				<input type="checkbox"/> YES <input type="checkbox"/> NO		
10				<input type="checkbox"/> YES <input type="checkbox"/> NO		
11				<input type="checkbox"/> YES <input type="checkbox"/> NO		
12				<input type="checkbox"/> YES <input type="checkbox"/> NO		
13				<input type="checkbox"/> YES <input type="checkbox"/> NO		
14				<input type="checkbox"/> YES <input type="checkbox"/> NO		
15				<input type="checkbox"/> YES <input type="checkbox"/> NO		
16				<input type="checkbox"/> YES <input type="checkbox"/> NO		
17				<input type="checkbox"/> YES <input type="checkbox"/> NO		
18				<input type="checkbox"/> YES <input type="checkbox"/> NO		
19				<input type="checkbox"/> YES <input type="checkbox"/> NO		
20				<input type="checkbox"/> YES <input type="checkbox"/> NO		
21				<input type="checkbox"/> YES <input type="checkbox"/> NO		
22				<input type="checkbox"/> YES <input type="checkbox"/> NO		
23				<input type="checkbox"/> YES <input type="checkbox"/> NO		
24				<input type="checkbox"/> YES <input type="checkbox"/> NO		
25				<input type="checkbox"/> YES <input type="checkbox"/> NO		
26				<input type="checkbox"/> YES <input type="checkbox"/> NO		
27				<input type="checkbox"/> YES <input type="checkbox"/> NO		
28				<input type="checkbox"/> YES <input type="checkbox"/> NO		
29				<input type="checkbox"/> YES <input type="checkbox"/> NO		
30				<input type="checkbox"/> YES <input type="checkbox"/> NO		
31				<input type="checkbox"/> YES <input type="checkbox"/> NO		

*Take volume recorder reading on last day of each month

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. I further acknowledge and agree that by typing my name or placing my mark in the signature space on this document it is my intention to electronically sign the document. Further, the electronic signature shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Disposer Authorized Representative: _____ Title: _____
 (Please Print Name)

Signature: _____ Date: _____