



Class II Injection Well Daily Monitor Log

MECHANICAL INTEGRITY MONITORING

This log shall be retained by the Operator at the field location for a minimum period of three (3) years.

UIC-11 FOR THE MONTH OF _____, 20_____

OPERATOR NAME & ADDRESS						OPERATOR CODE		
WELL NAME & NUMBER				SERIAL NUMBER		MASIP		
FIELD NAME		FIELD CODE	PARISH NAME		PARISH CODE	SEC	TWN	RNG
DAY	TIME RECORDED	ANNULUS PRESSURE (PSI)	INJECTION PRESSURE (PSI)	INJECTING AT TIME OF READING?		NAME OF RECORDER (PRINT)		
1				YES	NO			
2				YES	NO			
3				YES	NO			
4				YES	NO			
5				YES	NO			
6				YES	NO			
7				YES	NO			
8				YES	NO			
9				YES	NO			
10				YES	NO			
11				YES	NO			
12				YES	NO			
13				YES	NO			
14				YES	NO			
15				YES	NO			
16				YES	NO			
17				YES	NO			
18				YES	NO			
19				YES	NO			
20				YES	NO			
21				YES	NO			
22				YES	NO			
23				YES	NO			
24				YES	NO			
25				YES	NO			
26				YES	NO			
27				YES	NO			
28				YES	NO			
29				YES	NO			
30				YES	NO			
31				YES	NO			

*Utilized for Class II SWD wells operating under a surface casing variance.

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.

OPERATOR'S REPRESENTATIVE	TITLE
SIGNATURE	PHONE

