



Injection Pressure & Rate Monitoring Log
Office of Permitting and Compliance
Engineering Division
P.O. Box 94275
Baton Rouge, LA 70804-9275

Month/Year _____

UIC-36

This form is to be completed and returned no later than the 15th day of the following month at the address listed above.				
Operator's Name & Address:				Operator Code
Well Name and Number:				Serial No.
Field:	Parish:	Sect.	Twp.	Rng.

Day	Maximum Daily Injection Rate (bpm)	Maximum Daily Injection Pressure (psi)	Print Name of Recorder
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Day	Maximum Daily Injection Rate (bpm)	Maximum Daily Injection Pressure (psi)	Print Name of Recorder
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

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Operator's Representative: _____ Title: _____ Date: _____

Signature: _____ Phone () _____