

United States Environmental Protection Agency Washington, DC 20460

VEFA	ANNUAL DIS	SPOSAL/IN	JECTION WELL	MONITORIN	IG REPORT		
Name and Address of Ex	kisting Permittee		Name and A	ddress of Surface Ow	ner		
Locate Well and O	utline Unit on	State	9	County	Permit	Number	
Section Plat - 640 A	Acres N	Surf	ace Location Description				
	N	¬	1/4 of 1/4 of 1/4	of 1/4 of Secti	ion Township	Range	
┝┽╼┝┽╼┣┽╼┝┽╼╽			Locate well in two directions from nearest lines of quarter section and drilling unit				
	▂▐ ▃▐▃╶┽╶─├─╶┽╶	Surf	ace				
l Lili.	_L_i_L_i_		Location ft. frm (N/S) Line of quarter section				
	i i i	and	ft. from (E/W) Li				
w		⊣	WELL ACTIVITY	TYPE OF PERM	ШТ		
	_ _ -	- ;	Brine Disposal Enhanced Recovery	Individual Area			
┃ ├ ╶┼─├─┼╴	- ├ -┼-├-┼-	- i	Hydrocarbon Storage		ls		
 	_	_					
			Lease Name		Well Number		
	S						
INJECTION PRESSURE			TOTAL VOLUM	ME INJECTED		TUBING CASING ANNULUS PRESSURE (OPTIONAL MONITORING)	
MONTH YEAR	AVERAGE PSIG	MAXIMUM PSIG	BBL	MCF	MINIMUM PSIG	MAXIMUM PSIG	
I certify under the	penalty of law that I h	ave personally exa	Certification	h the information sub	omitted in this docu	ment and all	
attachments and that, based on my 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 possibliity of fine and imprisonment. (Ref. 40 CFR 144.32)							
Name and Official Title	(Please type or print)		Signature			Date Signed	

PAPERWORK REDUCTION ACT

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