

**STATE OF WYOMING
FORM UIC-3-I
DEPARTMENT OF ENVIRONMENTAL QUALITY
UNDERGROUND INJECTION CONTROL PROGRAM
REPORTING FORM FOR CLASS I INJECTION WELLS**

This form shall accompany the submission of any report, documentation or data required by the UIC permit on a class I injection well.

Company Name: _____ Telephone (____) ____-____
 Company Address: _____ City: _____ State _____ ZIP _____
 Facility Name: _____ County: _____
 Permit number: _____ Location: T ____ N, R ____ W, Sec. ____
 Type of Report: Monthly Quarterly Annual MIT
 Notification of well completion date well completed: __/__/__

Annulus Pressure: (All pressures in psi gauge pressure)

Well Number: _____ Pressure required by the permit: _____ psi

Month	Maximum	Minimum

Injection Pressure: (All pressures in psi gauge pressure)

Well Number: _____ Maximum allowable under the permit: _____ psi

Month	Maximum	Minimum	Date Recorded	Monthly Average
			___/___/___	
			___/___/___	
			___/___/___	
			___/___/___	
			___/___/___	

Injection Volume: (All volumes to be reported in gallons per day or barrels per day, consistently from one report to the next.)

Well Number: _____
 Maximum allowable under the permit: _____ gallons/day or _____ bbls/day

Month	Maximum Volume Reported		Date Reported	Total Volume for month	
	Gal./Day	Bbls/Day		Gallons	Barrels
			___/___/___		
			___/___/___		
			___/___/___		
Quarterly total:					
Total to date:					

Injectate Quality: (All parameters to be reported in mg/l)

Parameter	Date Sampled	Concentration	Permit Limit



Groundwater Quality:

Well Name	Parameter	Date Sampled	Concentration

MECHANICAL INTEGRITY AND OTHER TESTS

During this latest quarter, mechanical integrity tests were performed on this well. Attached please find the following documentation:

- | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| Radioactive Tracer Log | <input type="checkbox"/> | Temperature Log | <input type="checkbox"/> |
| Cement Bond Log | <input type="checkbox"/> | Cement Evaluation Log | <input type="checkbox"/> |
| Casing/Tubing Pressure Test | <input type="checkbox"/> | Consultant Report | <input type="checkbox"/> |
| Oxygen Activation Log | <input type="checkbox"/> | Tubing Inspection Report | <input type="checkbox"/> |
| Tubing Pressure Test Report | <input type="checkbox"/> | Injection Profile | <input type="checkbox"/> |
| Annual Pressure Falloff | <input type="checkbox"/> | Step Injection Test | <input type="checkbox"/> |
| Noise Log | <input type="checkbox"/> | Ada Pressure Test | <input type="checkbox"/> |
| Other Logs or Reports | <input type="checkbox"/> | Describe: _____ | |

SOURCES OF WATER DISPOSED OF IF REQUIRED BY PERMIT:

If this permit allows disposal of industrial waste on a commercial basis, and if you disposed of any such waste list these sources and volumes here: (Attach additional sheets if necessary)

Company	Location	Volume Disposed	Date Approved
Month:			/ /
Month:			/ /
Month:			/ /

If this well accepts oilfield produced water on a commercial basis, list the source leases here: (Attach additional sheets if necessary)

Company	Lease or Well Name	Volume Disposed
Month:		
Month:		
Month:		

Attach any analyses which has not been previously reported for produced water disposed of.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document 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 possibility of fine and imprisonment.

Printed name of person signing

Title

Signature

Date signed

Submit to: UIC Program Supervisor
 Water Quality Division
 Herschler Building, 122 West 25th St.
 Cheyenne, Wyoming 82002

