

ANNUAL REPORT (Form 204)

SALTWATER INJECTION WELLS - ENHANCED RECOVERY PROJECT

OHIO DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF MINERAL RESOURCES MANAGEMENT
 2045 Morse Road, Bldg H-3, COLUMBUS, OHIO 43229-6693
 (614) 265-1032

THIS REPORT MUST BE SUBMITTED FOR EACH INJECTION/INPUT WELL NO LATER THAN 45 DAYS AFTER THE LAST DAY OF EACH CALENDAR YEAR.

OWNER #:		2. API NUMBER:		
1. OWNER NAME, ADDRESS and TELEPHONE #:		3. LEASE NAME:		
		4. SWIW or ERP NUMBER:		
		5. COUNTY:		
		6. CIVIL TOWNSHIP:		
7. TYPE OF REPORT: <input type="checkbox"/> SALTWATER INJECTION <input type="checkbox"/> ENHANCED RECOVERY <input type="checkbox"/> OTHER (SPECIFY):				
8. TYPE OF REPORT: <input type="checkbox"/> FRESHWATER <input type="checkbox"/> SALTWATER <input type="checkbox"/> GAS (SPECIFY): _____ <input type="checkbox"/> OTHER:				
9. CALENDAR YEAR REPORTING FOR:				
10. INJECTION PRESSURE (PSI) AND VOLUMES (BBL or MCF):				
MONTH	DAYS IN OPERATION FOR THE MONTH	TOTAL VOLUME INJECTED	MAXIMUM INJECTION PRESSURE	AVERAGE DAILY INJECTION PRESSURE
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

11. COMPLETE SECTION "A" IF ANNULUS IS PRESSURE MONITORED AT A POSITIVE PRESSURE ON A CONTINUOUS BASIS OR COMPLETE SECTION "B" IF ANNULUS IS PRESSURE TESTED ON A MONTHLY BASIS.

MONTH	"A"		"B"	
	MAXIMUM PRESSURE / DATE ON WHICH ATTAINED	MINIMUM PRESSURE / DATE ON WHICH ATTAINED	MONTHLY TESTING PRESSURE (MINIMUM OF 200 PSI)	PRESSURE AT END OF TEST (MINIMUM 15-MINUTE DURATION)
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

12. LIST ALL RESULTS AND ATTACH ANY DOCUMENTATION OF ANY MECHANICAL INTEGRITY TESTS RUN ON THIS WELL DURING THIS REPORTING YEAR:

13. LIST ALL MECHANICAL FAILURES AND DOWNHOLE FAILURES ENCOUNTERED DURING THE PRECEDING YEAR, CORRECTIVE ACTIONS TAKEN, AND THE RESULTS OF THOSE ACTIONS:

(SIGNATURE OF OWNER/AUTHORIZED AGENT)

(TITLE)

IF SIGNED BY AUTHORIZED AGENT, A CERTIFIED COPY OF APPOINTMENT OF AGENT MUST BE ATTACHED OR ON FILE AT THE DIVISION.