



MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY

Geologic Resources Management Division

Injection Well Operating Report

By authority of Part 615 of Act 451 PA 1994, as amended, or Supervisor of Wells order. Non-submission and/or falsification of this information may result in suspension of operations. This report must be filed with the Supervisor of Wells within 45 days after the end of the month of injection.

Injection Well Information:

Operator: _____

Address: _____

Permit No.: _____

Well Name & Number: _____

USEPA Permit No.: _____

This report is for:

Month: _____ Year: _____
(use one line per week)

Well type: Disposal Secondary recovery

Calendar year: _____
(use one line per month)

Injection fluid: Brine/water Natural gas

H2S CO2

Other: _____

Month or Week	Annular Pressure (PSIG)	Injection Pressure (PSIG)	Injection Rate per day (Bbls or Mcf)	Total Volume Injected (Bbls)	Total Volume Injected (Mcf)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Maximum Annular Pressure (PSIG): _____

Average Annular Pressure (PSIG): _____

Maximum Injection Pressure (PSIG): _____

Average Injection Pressure (PSIG): _____

