



**FORM 14A
MONTHLY CLASS II COMMERCIAL WELL DISPOSAL REPORT**

Operator _____ Field _____
 Address _____ City _____ State _____ Zip _____
 Contact Person _____ E-Mail _____ Phone _____ Fax _____
Typed or Clearly Printed Name
 Report for Month of _____ 20__

WELL DATA

Permit No.	Well Name & No.	Days in Operation	Zone
1			

INJECTION DATA

	SOURCES OF FLUIDS TO BE DISPOSED IN BARRELS			TOTAL ALL SOURCES IN BARRELS	MAXIMUM DAILY RATE	MAXIMUM DAILY WELL PRESSURE (psig)	
	Fayetteville Shale	Other (In State)	Other (Out of State)			Tubing	Annulus
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
TOTAL							

Cumulative water injected in barrels since commencement of operations: _____

Was any well servicing performed during month? Yes No If YES, please explain: _____

Remarks: _____

CERTIFICATE

I declare under the penalties of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Signature

Typed or Clearly Printed Name

INSTRUCTIONS

- 1 Complete all data fields.
- 2 Only one (1) well is to be reported on this form.
- 3 List sources of and daily water injected amounts, rates and pressure on individual lines provided starting on first day of each month.
- 4 Give cumulative water injected (in barrels) for life of well.
- 5 Indicate if any well servicing was performed.
- 6 Sign and submit by the 15th of each month for the preceding month.