



**ARKANSAS
OIL AND GAS
COMMISSION**

Submit Form To:
El Dorado Regional Office
P. O. Box 11510
El Dorado, Arkansas 71730

**FORM 14C
MONTHLY CLASS V BRINE INJECTION WELL REPORT**
(Injection into the Smackover Formation Only)

Operator _____ Field _____
Address _____ County _____
City _____ State _____ Zip _____
E-Mail _____ Phone _____ Fax _____

Report for Month of _____, 20____
File no later than 15th of Month Following Month covered by this report

INJECTION DATA

Permit Number	Injection Well Name and Number	Water Injected In Barrels	Cumulative Water Injected in Barrels	Maximum Daily Injection Pressure, PSIG
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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

Type or Clearly Print Name Date

INSTRUCTIONS

1. List each Class V injection well. NOTE: Injection into the Smackover Formation Only
2. Show the amount of water injected, during the current month, into each injection well.
3. Show the amount of water injected into each injection well since the date of first inception.
(Cumulative Water Injected Column)
4. Show the maximum pressure required to inject water into the formation. If formation takes the water on a vacuum, fill in the word vacuum in the column reflecting Injection Pressure.
5. Indicate if any well servicing was performed.
6. All injection wells in one field may be filed on the same form.
7. File a separate form for each field.