

**Osage Nation Underground Injection Control Program  
100 W. Main St, Suite 304  
Pawhuska, OK 74056**

**Annual Disposal Injection Well Monitoring Report**

<b>Operator:</b>	<b>Owner:</b>
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**Qrt. Sec. & Section:** \_\_\_\_\_ **Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_

<b><u>Well Activity</u></b>	<b><u>Type of Permit</u></b>	<b>Inventory No.:</b> _____
<input type="checkbox"/> Brine Disposal	<input type="checkbox"/> Individual	
<input type="checkbox"/> Enhanced Oil Recovery	<input type="checkbox"/> Area	
<b>No of wells:</b> _____	<b>Lease Name &amp; No.:</b> _____	

Month/Year	Injection Pressure		Total Volume Injected		Tubing Casing Annulus Pressure (Optional Monitor)	
	Avg PSIG	Max PSIG	BBL	MCF	Min PSIG	Max PSIG

<b>CERTIFICATION</b>		
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations (Ref. 40 CFR 122.22)</p>		
<b>Name and Official Title:</b>	<b>Signature:</b>	<b>Date Signed:</b>