

**MISSISSIPPI STATE OIL & GAS BOARD
MONTHLY REPORT ON FLUID INJECTED
FOR UNDERGROUND STORAGE FACILITIES**

Month of _____, 20____

Operator _____

Address _____

Telephone _____

FILE NO LATER THAN 15TH OF MONTH IMMEDIATELY FOLLOWING MONTH COVERED BY THIS REPORT

STORAGE WELLS

Well Name	Type of Stored Product	Monthly Product Injected *	Monthly Product Withdrawn *	Product in Storage *	Estimated Cavern Capacity Bbl
1.					
2.					
3.					
4.					
5.					

BRINE DISPOSAL WELLS

Field, Well Name & No., and API No.	Well No.	Brine Injected*	Injection Pressure	Reservoir & Depth Injected	
				Reservoir	Depth
1.					
2.					
3.					
4.					
5.					

* All Gas figures in MCF based on 10 oz. plus 14.4 psia. (15.025 psia.)
Oil, Water and other figures based on standard U.S. 42 gal. bbl.

Remarks: _____

The undersigned employee of the operator named above hereby declares that he is charged with the responsibility of determining correctly the information shown on the above report; that he is employed in the capacity shown below; that this report contains no misstatement or inaccuracy, and that no pertinent matter inquired about in this report has been omitted from this report; and no gas, water or other fluid was injected other than that shown on this report; and that this report is a correct statement of the facts therein recited to the best of his knowledge.

Signature _____ Title _____

Date _____

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