

For NDOM Use Only

Entered in Database

By: _____ Date: _____

STATE OF NEVADA
 COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
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OIL AND GAS REPORT OF SUBSURFACE INJECTIONS

Producer: _____
 Address: _____
 Field Name: _____
 County: _____ Month of: _____ Year _____

Show each injection well separately. File not later than 15th of month immediately following month covered by this report.

Ln #	NDOM PERMIT NO.	WELL NO.	FLUIDS INJECTED GAS OR OTHER	FLUIDS INJECTED MCF OR BBL.	INJECTION PRESSURE, psi	RESERVOIR FORMATION	RESERVOIR DEPTH
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Remarks:

I certify this information to be true, correct, and complete and that no pertinent matter inquired about in this report has been omitted.

Signature: _____
 Position: _____
 Date: _____