State of Nevada
Division of Environmental Protection
Underground Injection Control Program
901 South Stewart St., Suite 4001, Carson City NV 89701

Quarterly Class II Disposal/Injection Well Monitoring Report

Permit Number expires _____

Lease/Unit Name & Well Name/No. API No.

Surface Location

_____ ____1/4 Section____ Township____ Range____

County

Name and Address of Existing Permittee

Contact Phone: _____

Name and Address of Surface Owner

Well Activity

- ☐ Water Disposal
- ☐ Enhanced Recovery
- ☐ Hydrocarbon Storage

Type of Permit

- ☐ Individual
- ☐ Area

No. of Permitted Injection Wells: ____

Pressure Limit (psig) _____

Injection Rate Limit _____

(BPD - barrels per day)

List all Production wells which contribute water to the injection well listed above:

List all chemicals added to Production wells and/or disposal system:

Year - _____ Quarter - _____

Parameter	1st Month	Units (ie bpd)	2nd Month	Units (ie bpd)	3rd Month	Units (ie bpd)

CERTIFICATION

I certify under the penalty of law that have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines. (NAC 445A.859)

Name and Official Title (Please type or Print)	Signature	Date Signed

Form UIC-100 (6/98)

Please fill out information on back side

Please submit the following information quarterly:

1. Summary narrative of monitoring and well drilling activities for that quarter. Narrative shall include, but not be limited to: any problems encountered that had or have the potential to have altered the well integrity or the water quality, and the type of action taken; any spills or releases at the site; and all tests performed on the wells within the project area

2. A list of all production, injection, observation and test wells located within the project area. Said list shall be chronological, listing the newest wells first, and shall include date of installation, depth, type of well, status (abandoned, plugged, not-in-use, etc.), and well identification and location. All wells reported after the date of this permit will require submittal of a map indicating their location

Attach an additional sheet if more space is required