QUARTERLY MONITORING REPORT
State Form 56435 (12-17) / Form No. R2
INDIANA DEPARTMENT OF NATURAL RESOURCES
Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Telephone number: (317) 232-4055
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## PARTI

GENERAL INFORMATION


PART II REPORTING INFORMATION


| PART II (Continued) |  | REPORTING INFORMATION |  |  |  |
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| Note: All pressures and volumes must be monitored at least weekly and reported for the quarter by month. |  |  |  |  |  |
| PERMIT NUMBER | WELL NAME AND NUMBER | REPORTING MONTH | DAYS IN OPERATION | TOTAL INJ. VOLUME (Bbl.) | MAXIMUM INJ. PRESSURE (PSI) |
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| Note: Injection pressures must be in PSI measured at the wellhead. |  |  |  |  |  |


| PART III | AFFIRMATION |  |
| :--- | :--- | :---: |
| I affirm under penalty of perjury that the information provided in this report is true to the best of my knowledge and belief. |  |  |
| Printed name of operator or authorized agent | Date signed (month, day, year) |  |
| Signature of operator or authorized agent |  |  |

## Special Requirements

1. Only those persons whose names appear in PARTS V or VI of the Organizational Report are authorized to sign this report.
2. Attach as many copies of this page as needed. NOTE: Only the final page must have the signed Affirmation.
