

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 FAX number: (317) 232-1550 Internet: http://www.in.gov/dnr/dnroil

PART I GENERAL IN	FORMATIO	N	
Name of operator		Operators telephone	number
Address of operator (number and street) (Check here if this is a new address.)		Operator's e-mail address	
City	State		ZIP code
Report for the Quarter Ending <i>(Check one.)</i> <u>Year</u> <u>March 31, June 30, September 30, December 31,</u>		Note: Reports must be filed within thirty (30) days after the end of the quarter.	

PART II		REPORTING INF	ORMATION		
Note: All	pressures and volumes must be	e monitored at leas	st weekly and re	ported for the quart	ter by month.
PERMIT NUMBER	WELL NAME AND NUMBER	REPORTING MONTH	DAYS IN OPERATION	TOTAL INJ. VOLUME (Bbl.)	MAXIMUM INJ. PRESSURE (PSI)
NUMBER			OPERATION		FRESSURE (FSI)
					+
					+
					+
					+
					+
					+
Note: Injection pressures must be in PSI measured at the wellhead.					

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PART II (C	continued)	REPORTING IN	FORMATION		
	pressures and volumes must be		st weekly and re	ported for the quar	
PERMIT	WELL NAME AND NUMBER	REPORTING	DAYS IN	TOTAL INJ.	MAXIMUM INJ.
NUMBER		MONTH	OPERATION	VOLUME (Bbl.)	PRESSURE (PSI)
List discrepancies and well specific notes here:					
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PART III AF	FIRMATION		
I affirm under penalty of perjury that the information p	rovided in this report is true to the best of my knowledge and belief.		
Printed name of operator or authorized agent			
Signature of operator or authorized agent	Date signed (month, day, year)		

Special Requirements

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