STATE OF ALASKA
ALASKA OIL AND GAS CONSERVATION COMMISSION

MONTHLY INJECTION REPORT

Name of Operator:	Field and Pool:	Month and Year:

1. Well Number	2. API Number: XX-XXX-XXXXX-XX-XX	3. Type	4. Field & Pool Code	5. Method	6. Days in Operation	TUBING PRESS.		CASING PRESS.		DAILY AVG. INJ.		TOTAL MONTHLY INJ.	
						7. MAX PSIG	8. AVG PSIG	9. MAX PSIG	10. AVG PSIG	11. LIQUID (BBL)	12. GAS (MCF)	13. LIQUID (BBL)	14. GAS (MCF)
											15. TOTAL	0	0

I hereby certify that the foregoing is true and correct to the best of my knowledge.

Name:

Revision? ☐ Date of Revision:

Title:

Certified Signature:

Contact Phone:

Contact Email: