

**STATE OF UTAH**  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

UIC FORM 3

## MONTHLY INJECTION REPORT

Operator: \_\_\_\_\_

Report Period: \_\_\_\_\_

Address: \_\_\_\_\_

city \_\_\_\_\_

Phone Number: \_\_\_\_\_

state \_\_\_\_\_ zip \_\_\_\_\_

Amended Report ☐ (highlight changes)

Well Name and Number	API Number
Location of Well	Field or Unit Name
Footage : _____ County : _____	Lease Designation and Number
QQ, Section, Township, Range: _____ State : UTAH	

Date	Volume Disposed	Hours in Service	Maximum Pressure	Average Operating Pressure	Tubing / Casing Annulus Pressure
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total volume injected for month \_\_\_\_\_

All time cumulative volume injected \_\_\_\_\_

I hereby certify that this report is true and complete to the best of my knowledge.

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **INSTRUCTIONS**

This form shall be submitted monthly by the well operator to report the daily activities of each disposal well and/or storage well within the state of Utah. The report is due within 30 days following the end of the month of operations.

Send to:

Utah Division of Oil, Gas and Mining  
1594 West North Temple, Suite 1210  
Box 145801  
Salt Lake City, Utah 84114-5801

Phone: 801-538-5340

Fax: 801-359-3940