

**Florida  
Department of  
Environmental Protection**

Form Title: **MONTHLY INJECTION WELL REPORT**  
 Date Revised: March, 1998  
 Incorporated by Reference in: Section 62C-28.004(1), F.A.C.

Oil&Gas Form 10A

County: \_\_\_\_\_

Operator Field Office Phone: \_\_\_\_\_

Field: \_\_\_\_\_

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

For the Month of \_\_\_\_\_ Year \_\_\_\_\_

WELL DATA				MONTHLY INJECTION				INSPECTION				
Well Name and Number	Permit Number	Well Status	Days Oper.	Fluid Injected	Casing Pressure	Tubing Pressure	Volume Injected	Visual Inspect. (Yes/No)	Gauge Calib. (Yes/No)	Initial Injection Date	Last M I T	Cumulative Volume Injected to Date
Totals												

File this report with the Florida Department of Environmental Protection, Oil and Gas Program, 2600 Blair Stone Road, MS 3588, Tallahassee, Florida 32399-2400 (phone 850/245-8336), Email: OGP@dep.state.fl.us within 30 days of the report period.

I, \_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_, and attest that the information contained herein is true and correct.

(Name) (Title) (Company)

Date \_\_\_\_\_ Phone Number \_\_\_\_\_ Signature \_\_\_\_\_