

CLASS V INJECTION WELL INVENTORY SHEET

Facility or Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Legal Contact: Owner Operator

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Well Data:

Well Type: _____ No. of Wells: _____

New Injection Re-Injection Temporary Direct Push Technology (DPT) Injection

Legal Location: _____ ¼ of _____ ¼ of _____ ¼ of Sec: _____ Twp: _____ Rge: _____

Latitude: _____ Longitude: _____

County _____

Finding Location: (From highway intersections or prominent landmarks) _____

Completion Data:

Well Depth: _____ Casing Depth: _____

Casing Length: _____ Tubing Length: _____ Screen Length: _____

Casing Diameter: _____ Tubing Diameter: _____

Casing Type: _____ Tubing Type: _____

Cementing: _____

Injection Data:

Injection Fluids: _____

Injection Rate: _____ Injection Pressure: _____

Injection Formation / Geology: _____

Groundwater Information: _____

Contaminants of Concern: _____

Comments: _____

* Provide a separate Inventory Sheet for each 10-acre tract containing an injection well. For multiple wells, provide the latitude and longitude coordinates for the center of the tract.