

STATE OIL AND GAS BOARD OF ALABAMA

Monthly Report of Fluids Injected

Form OGB-17, Rev. 07/13 (File in triplicate)

Disposal operations

Enhanced recovery operations

Name of operator						Month of		, 20		
Address City										
Field								У		
Person to contact				Pho	one number					
regarding this form				Fax	x number					
				E-n	nail address					
Well name and number	Permit number	F	-luids in	jected		Average pressure (psia)		Reservoir and Interval (perfs, or open hole) into which injected		
		Water (bbls)	Gas (Mcf)*		Other	Injection	Annulus	Reservoir	Interval	
TOTAL										
Remarks:		L	1		1					
* Mcf=1,000 cubic feet										
Executed this the day of , 20						Signature				
Before me, the undersigned authority, on this day personally appeared										
he/she has knowledge of the facts stated therein, and that said report is true and correct.										

Subscribed and sworn to before me this _____ day of _____, 20 _____

SEAL

My commission expires _____

Notary Public in and for	

County, ____