



# ANNUAL DISPOSAL/ INJECTION WELL MONITORING REPORT

**MAILING ADDRESS:**  
 OFFICE OF CONSERVATION  
 INJECTION & MINING DIVISION  
 P.O. BOX 94275-CAPITOL STATION  
 BATON ROUGE, LA 70804-9275

**PHYSICAL ADDRESS:**  
 OFFICE OF CONSERVATION  
 INJECTION & MINING DIVISION  
 617 N. THIRD ST., 8<sup>TH</sup> FLOOR  
 BATON ROUGE, LA 70802

## UIC-10A FOR CALENDAR YEAR \_\_\_\_\_

<b>ORGANIZATION NAME &amp; ADDRESS</b>		<b>ORGANIZATION ID</b>	
<b>WELL NAME &amp; NUMBER</b>	<b>SERIAL NO.</b>	<b>PARISH</b>	
<b>FIELD</b>	<b>FIELD ID</b>	<b>SECTION</b>	<b>TOWNSHIP</b> <b>RANGE</b>

**1. MONTHLY INJECTION RECORD:**

A DEFAULT VALUE OF ZERO (0) HAS BEEN ENTERED INTO EACH FIELD. IF NECESSARY, REPLACE THE VALUE WITH THE APPROPRIATE NUMERIC VALUE FOR EACH MONTH.

	INJECTION PRESSURE (PSI)		ANNULUS PRESSURE (PSI)		INJECTION RATE (GALLONS PER MINUTE)		VOLUME INJECTED		
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM	AVERAGE	MAXIMUM	BBL	MCF	
JAN									
FEB									
MAR									
APR									
MAY									
JUN									
JUL									
AUG									
SEP									
OCT									
NOV									
DEC									
<b>TOTAL</b>									

**2. WELL TYPE:**

EOR     
  SWD     
  ANNULAR SWD     
  OTHER (SPECIFY): \_\_\_\_\_

**3. WELL COMPLETION:**

A. INJECTION THROUGH:   
  CASING     
  TUBING W/O PACKER   
  TUBING W/ PACKER   
 GIVE PACKER DEPTH:  FT.

B. INTERVAL:           
  PERFORATIONS   
  OPEN HOLE           
  SCREEN           
 GIVE INTERVAL DEPTH:  FT TO  FT

**4. TYPE OF FLUIDS INJECTED DURING REPORTING CYCLE:**

SALT WATER   
 FRESH WATER   
 BRACKISH WATER   
 AIR           
 NATURAL GAS   
 CO2           
 POLYMER

NORM           
 OTHER (SPECIFY): \_\_\_\_\_

**5. COMMUNITY SWD INFO: (IF YES FOR A OR B, COMPLETE THE SECOND PAGE OF THIS FORM AND PROVIDE ATTACHMENTS.)**

A. WAS THIS WELL A COMMUNITY SWD WELL DURING ALL OR PART OF THIS REPORTING CYCLE?   
 YES     NO

B. WILL THIS WELL BE A COMMUNITY SWD WELL DURING THE NEXT REPORTING CYCLE?   
 YES     NO

CERTIFICATION	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this report and all attachments, and that based on my personal knowledge or inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (L. R. S. 30:17)	
<b>NAME AND OFFICIAL TITLE (TYPE OR PRINT)</b>	<b>PHONE</b>
<b>SIGNATURE</b>	<b>DATE</b>



## FORM UIC-10 INSTRUCTIONS

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LAC 43:XIX.417 (Statewide Order No. 29-B), requires that the Operator of Record during a calendar year submit an annual report for each Class II disposal/injection well within Louisiana. For reporting, an operator may use either Form UIC-10, a well specific form sent from this office each February, or Form UIC-10A from our website at <http://www.dnr.state.la.us/cons/documents.ssi>.

**A COMMUNITY SALTWATER DISPOSAL WELL / SYSTEM NOTIFICATION / CERTIFICATION**, (second page of FORM UIC-10 and FORM UIC-10A) replaces the need for filing FORM UIC-13 annually, after the initial FORM UIC-13 is on record.

**A SOURCE FLUID ATTACHMENT** sheet must be completed for each Class II disposal/ injection well and submitted with the Form UIC-10 or Form UIC-10A. All sources of fluid injected into these wells must be reported using this attachment sheet.

Commercial SWD facilities are not required to complete the Source Fluid Attachment sheet of manifested fluids, however, this sheet must be completed for any non-manifested fluids such as fluids received by pipeline.

**Return the completed forms by May 31st, of the following year or 30 days after an Operator Change or P&A. Failure to comply with this will result in the issuance of a Compliance Order imposing a civil penalty of \$200 for each delinquent report.**

If you have questions, call Mr. Pierre Catrou at (225) 342-5567 or Ms. Glynis Coleman at (225) 342-7231.

## SOURCE FLUID ATTACHMENT INSTRUCTIONS

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- 1) Enter the injection well serial number, well name and number, organization/operator name, organization ID, and number the pages.
- 2) All fluids injected into the subject well must be reported according to **Source Type**. There are four categories of Source Types which are defined as follows:
  - **Source Type A** - produced fluids from oil and gas production wells operated by your organization located within the field in which the subject injection well is located.
  - **Source Type B** - produced fluids from oil and gas production wells operated by your organization located in fields other than the field in which the subject injection well is located.
  - **Source Type C** - produced fluids from oil and gas production wells operated by organizations other than yours.
  - **Source Type D** - fluids from wells and other sources that cannot be identified by an Office of Conservation LUW code. These fluids include but are not limited to gas plant waste waters not classified as hazardous, brine produced from hydrocarbon storage and brine wells in salt domes, out of state oil and gas production wells, offshore-federal oil and gas production wells, etc.

- 3) Report all **SOURCE TYPE A GROUPED BY LUW CODE**. The **LUW CODE** is the “Lease-Unit-Well Code” or “Well Name Code Number” assigned to all producing wells by the Office of Conservation. This is the same number that appears in the second column of **FORM OGP** used to report oil and gas production. The required information is indicated by Source Type (A,B,C,D) under the column headings.

**Required information for Source Type A is Source Type, Lease-Unit-Well Name, and LUW Type & Code.**

- 4) Report all **SOURCE TYPE B GROUPED BY WELL SERIAL NUMBER**. The required information is indicated by Source Type (A,B,C,D) under the column headings. **Required information for Source Type B is Source Type, Lease-Unit-Well Name, Well Serial Number, Well Number, and Volume For Year (BBLs).**

- 5) Report all **SOURCE TYPE C GROUPED BY WELL SERIAL NUMBER**. The required information is indicated by Source Type (A,B,C,D) under the column headings. **Required information for Source Type C is Source Type, Lease-Unit-Well Name, Well Serial Number, Well Number, Organization/Operator Name, Organization ID, and Volume For Year (BBLs).**

- 6) Report all **SOURCE TYPE D GROUPED BY ORGANIZATION/OPERATOR**. The required information is indicated by Source Type (A,B,C,D) under the column headings. **Required information for Source Type D is Source Type, Organization/Operator Name and Volume For Year (BBLs).**

- 7) Attach the completed Source Fluid Attachment sheet(s) to the appropriate Form UIC-10 for submittal.

If you have questions concerning this attachment, contact the Injection and Mining Division at (225) 342-5515.

# FORM UIC-10 SOURCE FLUID ATTACHMENT

FOR CALENDAR YEAR \_\_\_\_\_

Serial No. \_\_\_\_\_

Well Name \_\_\_\_\_ No. \_\_\_\_\_

Org. Operator Name \_\_\_\_\_ Organization ID \_\_\_\_\_

Source Type (A,B,C,D)	Lease, Unit, or Well Name (A,B,C)	Serial No. (B,C)	Well No. (B,C)	Org. Operator Name (C,D)	Organization ID (C)	L UW Type Code (A)	Volume For Year (BLS) (B,C,D)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____

Completed By: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_

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