

**MISSISSIPPI STATE OIL & GAS BOARD  
MONTHLY REPORT ON FLUID INJECTED FOR  
UNDERGROUND RESERVOIR STORAGE FACILITIES**

Month of \_\_\_\_\_, 20\_\_\_\_

Operator \_\_\_\_\_

Address \_\_\_\_\_

Person to Contact Regarding Report \_\_\_\_\_ Phone No. \_\_\_\_\_

**FILE NO LATER THAN 15TH OF MONTH IMMEDIATELY FOLLOWING MONTH COVERED BY THIS REPORT**

**RESERVOIR STORAGE FACILITIES**

Facility Name	Monthly Max. Injection Pressure	Monthly Gas/Air Injected *	Monthly Gas/Air Withdrawn *	Gas/Air in Storage * End of Month	Estimated Storage Capacity MM CF
1.					
2.					
3.					
4.					
5.					

**BRINE DISPOSAL WELLS**

Field, Lease Name, and API No.	Well No.	Monthly Brine Injected*	Monthly Injection Pressure	Reservoir & Depth Injected	
				Reservoir	Depth
1.					
2.					
3.					
4.					
5.					

\* All Gas figures in MCF based on 10 oz. plus 14.4 psia. (15.025 psia.)  
Oil, Water and other figures based on standard U.S. 42 gal. bbl.

Remarks: \_\_\_\_\_

The undersigned employee of the operator named above hereby declares that he is charged with the responsibility of determining correctly the information shown on the above report; that he is employed in the capacity shown below; that this report contains no misstatement or inaccuracy, and that no pertinent matter inquired about in this report has been omitted from this report; and no gas, water or other fluid was injected other than that shown on this report; and that this report is a correct statement of the facts therein recited to the best of his knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

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