

WR-40 B

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
REPORT FOR WASTE DISPOSAL WELLS

MONTH /YEAR (MM/YYYY): _____
WELL NO. _____
API NO. 47- - _____
PERMIT NO. _____

OPERATOR NAME: _____

*****MAXIMUM PERMITTED INJECTION PRESSURE _____ PSIG.*****

DAY	OPERATING HOURS	ANNULUS PRESSURES (PSIG)		MAXIMUM DAILY INJECTION PRESSURE (PSIG)	SHUT IN PRESSURE (PSIG)	VOLUME IN BBLS AND/OR MCF.		RATE IN GALLONS PER MINUTE	
		TUBING	OTHER			DAILY	ACCUMULATED	MAXIMUM	MINIMUM
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31									
TOTALS									

I HEREBY CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT. BY: _____
TITLE: _____