



ENHANCED RECOVERY REPORT - FORM 17

INDUSTRIAL COMMISSION OF NORTH DAKOTA
OIL AND GAS DIVISION
600 EAST BOULEVARD DEPT 405
BISMARCK, ND 58505-0840
SFN 18667 (01-2001)

Page _____ of _____

Amended

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.

PLEASE SUBMIT THE ORIGINAL.

THIS REPORT SHALL BE ACCOMPANIED BY AN ENHANCED RECOVERY SOURCE REPORT - FORM 17A.

For Month/Year

Unit			
Operator			Telephone Number
Address	City	State	Zip Code
Injection Zone			

INJECTION DATA

Well Name and Number	UIC Number	Monthly Injection		Average Injection Pressure (PSI)
		Volume	Bbls or MCF	
		Monthly Injection		

Is Water Treated? No Yes, list additive(s):
Comments

I hereby swear or affirm that the information provided is true, complete and correct as determined from all available records.	Date
--	------

Signature	Printed Name	Title
-----------	--------------	-------

Above Signature Witnessed By		
Witness Signature	Witness Printed Name	Witness Title

ENHANCED RECOVERY REPORT - FORM 17
SFN 18667

1. This report is required as a regular monthly report, regardless of the status of operations. All active, shut-in, or temporarily abandoned injection wells shall be included on this report.
2. This report shall be accompanied by an Enhanced Recovery Source Report - Form 17A (SFN 18668).
3. The unit, operator, well names and numbers, and UIC numbers shall coincide with the official records on file with the Commission.
4. All liquid volumes shall be reported as barrels (42 gallons) and rounded to the nearest full barrel. All gas volumes shall be reported as MCF corrected to 14.73 psia and 60 degrees F.
5. Monthly injection shall be totaled at the end of the report.
6. If this is an amended report, the amended volumes shall be clearly indicated.
7. The original of this report shall be filed with the Industrial Commission of North Dakota, Oil and Gas Division, 600 East Boulevard, Dept. 405, Bismarck, ND 58505-0840, by the fifth day of the second succeeding month.