

Form UIC-21 INSTRUCTIONS
(LAC 43:XIX.539.D)

1. A daily pressure monitoring log shall be maintained on-site. Observed daily readings shall be recorded on Form UIC-21. The original completed form must be submitted to the Office of Conservation within fifteen (15) days of the end of each month.
2. Provide the month, year, disposer's name, disposer's address, Site Code, well name, well number, and serial number.
3. For each day of the month, record the observed annulus and injection pressures in pounds per square inch (psi) and the observed injection rate in gallons per minute (gpm) if injecting at the time the readings are taken. If not injecting at the time the readings are taken, record the observed annulus and shut-in pressures (psi). If the well is receiving waste fluids on a vacuum at the time the readings are taken, record the observed annulus pressure (psi), place a "0" in the observed injection pressure space, note in the comments section that the well is on vacuum and record the injection rate (gpm).
4. Indicate if injecting at the time readings are taken by recording "yes" or "no."
5. The recorder must initialize each line entry and provide the time the daily readings were taken.
6. Use the comment section to further explain special situations when necessary, e.g., well workovers, etc.
7. Record the monthly maximum injection pressure / shut-in pressure (psi) recorded on the form in the box labeled MAX PRESSURE.
8. Record the injection volume recorder reading (bbls) for current month (volume recorder reading observed on the last day of the month), the injection volume recorder reading (bbls) for previous month, and the total volume of waste injected (bbls) for the month.
9. An authorized representative must sign and date the form. The original form and signature are required.

Note: Any discrepancies in the monitored pressures, which would indicate a lack of technical integrity and constitute noncompliance with the requirements of LAC 43:XIX.Subpart 1, shall be reported to the Office of Conservation within 24 hours.

Copies of this form can be downloaded at the DNR Web Site:

WW.DNR.LOUISIANA.GOV >> CONSERVATION >> FORMS >> ENVIRONMENTAL DIVISION



OFFICE OF CONSERVATION
ENVIRONMENTAL DIVISION

MAIL: P.O. BOX 94275
BATON ROUGE, LA 70804-9275

OVERNIGHT: 617 NORTH 3RD ST.
BATON ROUGE, LA 70802

COMMERCIAL CLASS II INJECTION WELL DAILY MONITOR LOG

FOR MONTH OF _____, _____
(MONTH) (YEAR)

UIC-21

THIS FORM IS TO BE COMPLETED AND RETURNED TO THE ENVIRONMENTAL DIVISION AT THE ADDRESS LISTED ABOVE NO LATER THAN THE 15TH DAY OF THE FOLLOWING MONTH.

DISPOSER'S NAME AND SITE LOCATION						SITE CODE
WELL NAME AND NO.				SERIAL NO.	MAX PRESSURE	
VOLUME RECORDER READING FOR CURRENT MONTH*			VOLUME RECORDER READING FOR PREVIOUS MONTH*		VOLUME RECORDER TOTAL MONTHLY INJECTED	
BBLs			BBLs		BBLs	
DAY	OBSERVED ANNULUS PRESSURE (PSI)	OBSERVED INJECTION RATE (GPM)	OBSERVED INJECTION PRESSURE (PSI)	INJECTING AT TIME OF READING?	RECORDER INITIALS & TIME OF READING	COMMENTS
1				<input type="checkbox"/> YES <input type="checkbox"/> NO		
2				<input type="checkbox"/> YES <input type="checkbox"/> NO		
3				<input type="checkbox"/> YES <input type="checkbox"/> NO		
4				<input type="checkbox"/> YES <input type="checkbox"/> NO		
5				<input type="checkbox"/> YES <input type="checkbox"/> NO		
6				<input type="checkbox"/> YES <input type="checkbox"/> NO		
7				<input type="checkbox"/> YES <input type="checkbox"/> NO		
8				<input type="checkbox"/> YES <input type="checkbox"/> NO		
9				<input type="checkbox"/> YES <input type="checkbox"/> NO		
10				<input type="checkbox"/> YES <input type="checkbox"/> NO		
11				<input type="checkbox"/> YES <input type="checkbox"/> NO		
12				<input type="checkbox"/> YES <input type="checkbox"/> NO		
13				<input type="checkbox"/> YES <input type="checkbox"/> NO		
14				<input type="checkbox"/> YES <input type="checkbox"/> NO		
15				<input type="checkbox"/> YES <input type="checkbox"/> NO		
16				<input type="checkbox"/> YES <input type="checkbox"/> NO		
17				<input type="checkbox"/> YES <input type="checkbox"/> NO		
18				<input type="checkbox"/> YES <input type="checkbox"/> NO		
19				<input type="checkbox"/> YES <input type="checkbox"/> NO		
20				<input type="checkbox"/> YES <input type="checkbox"/> NO		
21				<input type="checkbox"/> YES <input type="checkbox"/> NO		
22				<input type="checkbox"/> YES <input type="checkbox"/> NO		
23				<input type="checkbox"/> YES <input type="checkbox"/> NO		
24				<input type="checkbox"/> YES <input type="checkbox"/> NO		
25				<input type="checkbox"/> YES <input type="checkbox"/> NO		
26				<input type="checkbox"/> YES <input type="checkbox"/> NO		
27				<input type="checkbox"/> YES <input type="checkbox"/> NO		
28				<input type="checkbox"/> YES <input type="checkbox"/> NO		
29				<input type="checkbox"/> YES <input type="checkbox"/> NO		
30				<input type="checkbox"/> YES <input type="checkbox"/> NO		
31				<input type="checkbox"/> YES <input type="checkbox"/> NO		

* Take volume recorder reading on last day of each month

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

DISPOSER AUTHORIZED REPRESENTATIVE	TITLE
SIGNATURE	DATE