



Oil, Gas and Salt Resources Act

Annual Report of Monthly Injection

For the Year _____

Form 6

To the Minister of Natural Resources

v.2009-05-31

Operator	Tel. #	Fax #
Address		

This form only applies to fluid injection for secondary recovery.

All injection wells must be reported and all injection must be reported. If space is insufficient attach additional forms.

Well Name	Source Pool
Township	Source Formation
Lot Concession	Injection Fluid Type
Well Licence No.	Injection Formation
Well Status - Mode*	Injection Pool
Injection Permit No.	

* As of Dec. 31 - active, suspended, abandoned, potential

Description of fluid treatment prior to injection

Month	Volume Injected (m ³)	Average Daily Injection Pressure (kPag at wellhead)	Days on Injection
Jan			
Feb			
Mar			
April			
May			
June			
July			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

The undersigned certifies that the information provided herein is complete and accurate and he/she has authority to bind the operator.

Name (print)

Signature

Company

Title

Date (day/month/year)