REPORT OF DISPOSAL WELL ACTIVITY

	MONTH/YEAR	
INSTRUCTIONS: Each operator of a produced water disposal well shall submit Form 11 SWD no later than the 25 th day of the month following the month reported. Report each disposal well on a separate form. Submit one original of this form.		
	MAILING ADDRESS	
	WELL NAME	
SARRELS)	FIELD/PROJECT NAME	
WEEKLY-OBSERVED WELLHEAD PRESSURES		
INJECTION STRING PSIG	TUBING-CASING ANNULUS PSIG	PRODUCTION CASING- SURFACE CASING ANNULUS/PSIG
	SIGNATURE	
	SIGNATURE	
	SIGNATURE PRINT OR TYPE NAME/TITLE	
t	BARRELS) WEEKLY-O INJECTION STRING	operator of a produced water disposal well shall submit Form 11 SWD no later than the 25 th deted. Report each disposal well on a separate form. Submit one original of this form. MAILING ADDRESS WELL NAME BARRELS) FIELD/PROJECT NAME WEEKLY-OBSERVED WELLHEAD PRESS INJECTION STRING TUBING-CASING ANNULUS