



ENHANCED RECOVERY SOURCE REPORT - FORM 17A

DEPARTMENT OF MINERAL RESOURCES
OIL AND GAS DIVISION
600 EAST BOULEVARD DEPT 474
BISMARCK, ND 58505-0614
SFN 18668 (03-2007)

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Amended

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.

PLEASE SUBMIT THE ORIGINAL.

THIS REPORT SHALL BE ATTACHED TO A COMPLETED ENHANCED RECOVERY REPORT - FORM 17.

For Month/Year

Unit	
Operator	Telephone Number
Injection Zone	

SOURCE OF INJECTATE

Well Name and Number	Well File Number	Location (Qtr-Qtr, S-T-R)	Monthly Production	
			Volume	Bbls or MCF
			Monthly Production	

Comments

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1. This report shall accompany the Enhanced Recovery Report - Form 17 (SFN 18667) if there was any injection during the reporting month.
2. The unit, operator, well names and numbers, well file numbers, and location of the source wells shall coincide with the official records on file with the Commission.
3. 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.
4. Monthly production shall be totaled at the end of the report.
5. If the source of injection fluid is not a particular well site, only the location need be listed.
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 Department of Mineral Resources, Oil and Gas Division, 600 East Boulevard, Dept. 474, Bismarck, ND 58505-0614, by the fifth day of the second succeeding month.