



# GAS STORAGE REPORT - FORM 18

DEPARTMENT OF MINERAL RESOURCES  
OIL AND GAS DIVISION  
600 EAST BOULEVARD DEPT 474  
BISMARCK, ND 58505-0614  
SFN 5766 (04-2000)

**Amended**

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.

For Month/Year

PLEASE SUBMIT THE ORIGINAL.

Field	Storage Zone	County	
Operator			Telephone Number
Address	City	State	Zip Code
Source of Gas			

## INJECTION DATA

Well Name and Number	UIC Number	Monthly Injection		Cumulative Injection		Daily Injection		Average Daily Injection Pressure (PSI)
		Volume	Bbls or MCF	Volume	Bbls or MCF	Volume	Bbls or MCF	
<b>TOTAL MONTHLY INJECTION</b>								

Comments
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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

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1. This report is required as a regular monthly report, regardless of the status of operations.
2. Please refer to Section 43-02-03-61 of the North Dakota Administrative Code regarding reporting requirements for gas storage.
3. The field, 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) corrected to 14.73 psia and 60 degrees F. 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 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.