Manitoba
Innovation, Energy and Mines

INITIAL INJECTION / DISPOSAL REPORT

Two (2) copies of this report are to be completed and submitted to the district office within 14 days following the fifth day after the well has been placed on normal injection / disposal.

Well Name:
Operating Company:
Water Source Point (name & Location):

Completion Interval(s) _____ m to _____ m _____ m to _____ m

Open Hole ☐ Perforated ☐ Formation

Conversion date: _____/_____/_____ (YY / MM / DD) Order / Permit Number: _____

(The conversion date is the date the packer pressure test is conducted.)

Injection / Disposal Test: (first 5 days of normal injection / disposal)

Date YY	MM	DD	Volume m^3	Rate m^3/hr	Injection/Disposal Pressure KPa

(Submitted by) (position) (telephone)

Remarks: _____