



HYDROCARBON STORAGE MONITORING REPORT

Quarter Year

Facility:

Description Information:

Location:

Company:

Well ID Number	KDHE Permit Number	*Maximum Quarterly Operating Pressure (psig)	*Minimum Quarterly Operating Pressure (psig)	Quarterly Total Product Injection (bbls)	Quarterly Total Product Withdrawal (bbls)	Type Product Stored

* measured on product side of wellhead

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines, for knowing violations.

Date:

Company Name:

Authorized Signatory (Print Name):

Authorized Signatory (Signature):

Title of Authorized Signatory: