

Well Name _____



DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF GAS AND OIL
P.O. BOX 159, 135 HIGHLANDS DRIVE
LEBANON, VA 24266
(276) 415-9700

GEOHERMAL RESOURCE PRODUCTION OR INJECTION REPORT

The undersigned well operator submits this report of production and/or injection of geothermal fluid for the month _____, 20 ____.

WELL IDENTIFICATION NUMBER: _____

WELL LOCATION: _____

PRODUCTION WELL

- Pressure Measurements:
- Volumetric Rate:
- Maximum Temperature (depth):
- Temperature at discharge point (beginning):
- Temperature at discharge point (end):
- Hydraulic Head:

INJECTION WELL

- Pressure Measurements:
- Volumetric Rate:
- Maximum Temperature (depth):
- Temperature at discharge point (beginning):
- Temperature at discharge point (end):

WELL OPERATOR _____

BY _____

ITS _____

ADDRESS _____

TELEPHONE _____