



# Annual Report (Form 204)

## Instructions

Per Ohio Administrative Code paragraph 1501:9-5-10, monitoring data must be submitted on the Annual Report (Form 204) form supplied by the Division of Oil and Gas Resources Management no later than April 15 for the preceding calendar year. This is available for download on the Division's website at [oilandgas.ohiodnr.gov](http://oilandgas.ohiodnr.gov) (see Documents). All information requested on Form 204 must be provided unless exempted by the instructions below. **Outdated or deficient forms will not be processed by the Division and will be returned to the sender.**

- **For Calendar Year** – Enter the calendar year the report is for.
- 1. **Owner Number** – Enter the owner number of the owner of the well. This number is issued after completion of the Authority & Organization Form (Form 9).
- 2. **Owner Name, Address, and Telephone** – Enter the owner name, address and contact information. If this information is not up to date with the Division, complete and submit an Authority & Organization Form (Form 9) with the updated information.
- 3. **API Number** – Enter the American Petroleum Institute (API) number issued for the well. This is the 14 digit number which appears at the top of the permit, formatted as: 34-###-2-####-0000.
- 4. **Lease Name** – Enter the lease name of the well as it appears on the permit. The lease number as it appears on the permit may be entered here as well.
- 5. **ERP number** – Enter the ERP number issued by the Division on the well permit. This number is usually located in the well name on the permit enclosed in brackets or parentheses.
- 6. **County** – Enter the county name as it appears on the permit.
- 7. **Civil Township** – Enter the township name as it appears on the permit.
- 8. **Type of Fluid** – Indicate the type(s) of fluid injected. If gas or other, then specify fluid type.
- 9. **Injection Pressure (PSI) and Volume (BBL or MCF)** – For each month enter the number of days in operation, the total volume injected, the maximum injection pressure reached, and the average daily injection pressure. This section must be filled out even if the well was not used. If the well is on vacuum, write down “vacuum” in the appropriate injection pressure columns
- 10. **Annulus Pressure** – Complete section A if the well was permitted after 10/1/2012. If permitted before 10/1/2012, complete section A if the pressure in the annulus behind the injection tubing is continuously monitored, **or** complete section B if the annulus is pressure tested monthly. **Do not enter any injection pressures in this section.** Only enter annulus pressure. This section must be completed even if the well was not used during the reporting period.
  - a. **Section A** – If continuously monitored, enter the monthly maximum and minimum annulus pressures and the dates that each pressure was reached.
  - b. **Section B** – If pressure tested monthly, record the annular pressure at the beginning of the test, at least 200 psi, and the annular pressure at the end of the test, at least 15 minutes.
- 11. **MIT Results** – Disclose the results of any mechanical integrity tests that were conducted on this well during the reporting period. Attach any documentation to the form when it is submitted. If there are other reporting requirements, note the requirement in this section or section 13 and attach any documentation.
- 12. **Failures and Corrective Action** – Disclose all mechanical failures, corrective actions and results of those actions within the reporting period. If there are other reporting requirements, note the requirement in this section or section 12 and attach any documentation.
- **Name, Title, Signature and Date** – Print full name and title with the company. Sign and date the report.



# Annual Report (Form 204)

For Calendar Year:

*This report must be submitted annually by April 15.*

1. Owner Number:

2. Owner Name:

Address:

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Telephone:

3. API Number:

4. Lease Name:

5. ERP Number:

6. County:

7. Civil Township:

8. Type of Fluid: *Choose all that apply.*

Freshwater

Saltwater

Gas *Specify:*



Other *Specify:*

9. Injection Pressure (PSI) and Volume (BBL or MCF)

	DAYS IN OPERATION	TOTAL VOLUME INJECTED	INJECTION PRESSURE	
			MAXIMUM	AVERAGE DAILY
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

10. Complete Section "A" if annulus is pressure monitored at a positive pressure on a continuous basis.  
 Or, complete Section "B" if annulus is pressure tested on a monthly basis.

MONTH	Section A				OR	Section B	
	MAXIMUM PRESSURE	DATE ON WHICH ATTAINED	MINIMUM PRESSURE	DATE ON WHICH ATTAINED		MONTHLY TESTING PRESSURE (200 PSI Min.)	PRESSURE AT END OF TEST (15 MINUTES Min.)
January		01 /		01 /	OR		
February		02 /		02 /	OR		
March		03 /		03 /	OR		
April		04 /		04 /	OR		
May		05 /		05 /	OR		
June		06 /		06 /	OR		
July		07 /		07 /	OR		
August		08 /		08 /	OR		
September		09 /		09 /	OR		
October		10 /		10 /	OR		
November		11 /		11 /	OR		
December		12 /		12 /	OR		

11. List all results and attach any documentation of any mechanical integrity tests run on this well during this reporting year:

12. List all mechanical failures and downhole failures encountered during the preceding year, corrective actions taken, and the results of those actions:

PRINT NAME

PRINT TITLE

\_\_\_\_\_  
SIGNATURE OF OWNER/AUTHORIZED AGENT

\_\_\_\_\_  
DATE SIGNED

*If signed by authorized agent, a certified copy of appointment of agent must be attached or on file at the division.*