

**ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERY***Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.*

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Lease Name: \_\_\_\_\_

Well Number: \_\_\_\_\_

API No.: \_\_\_\_\_

Permit No: \_\_\_\_\_

Reporting Year: \_\_\_\_\_  
(January 1 to December 31)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ E ☐ W  
(a/a/a/a)

\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section

\_\_\_\_\_ feet from ☐ E / ☐ W Line of Section

County: \_\_\_\_\_

**I. Injection Fluid:**

Type (Pick one): ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☐ Water/Brine

Source: ☐ Produced Water ☐ Other (Attach list)

Quality: Total Dissolved Solids: \_\_\_\_\_ mg/l Specific Gravity: \_\_\_\_\_ Additives: \_\_\_\_\_  
(Attach water analysis, if available)

**II. Well Data:**

Maximum Authorized Injection Pressure: \_\_\_\_\_ psi Injection Zone: \_\_\_\_\_

Maximum Authorized Injection Rate: \_\_\_\_\_ barrels per day

Total Number of Enhanced Recovery Injection Wells Covered by this Permit: \_\_\_\_\_ (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

Submitted Electronically

## Summary of Changes

Lease Name and Number: morton 12-H

Doc ID: 1282082

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/31/2016	02/01/2016
Maximum Fluid Pressure, April	300	
Maximum Fluid Pressure, August	300	
Maximum Fluid Pressure, December		300
Maximum Fluid Pressure, July	300	
Maximum Fluid Pressure, June	300	
Maximum Fluid Pressure, March	300	
Maximum Fluid Pressure, May	300	
Maximum Fluid Pressure, November	300	
Maximum Fluid Pressure, October	300	
Maximum Fluid Pressure, September	300	
Number of Days of Injection, April	25	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, August	20	
Number of Days of Injection, December		10
Number of Days of Injection, July	25	
Number of Days of Injection, June	25	
Number of Days of Injection, March	20	
Number of Days of Injection, May	20	
Number of Days of Injection, November	20	
Number of Days of Injection, October	25	
Number of Days of Injection, September	20	
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1282079	../../../../kcc/detail/operatorEditDetail.cfm?docID=1282082
Total BBL Injected	136	10
Total BBL Injected in April	15	0
Total BBL Injected in August	12	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in December	0	10
Total BBL Injected in July	15	0
Total BBL Injected in June	15	0
Total BBL Injected in March	10	0
Total BBL Injected in May	12	0
Total BBL Injected in November	20	0
Total BBL Injected in October	25	0
Total BBL Injected in September	12	0