

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1288170

Form U3C
June 2015
Form must be Typed
Form must be completed
on a per well basis

## 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 #				API No.:									
							Addre	ess 2:				(January 1 to December	r 31)
							City: _		State: Zip:	+	<u></u> -	Sec Twp S.	R 🔲 E 🔲 V
Contact Person:  Phone: ( )  Lease Name:				(0/0/0/0)	feet from N / S Line of Sectio								
					feet from E /	feet from E / W Line of Section							
				County:									
Well N	Number:												
I. Inic	ection 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 Gra		rity: Additives	:									
	(Attach water analysi	is, if available)											
	ell Data:												
		Injection Pressure:			:								
		I Injection Rate:	·										
	lotal Number of Enn	anced Recovery Injection Wells	Covered by this Permit: _	(Include IA's)									
III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection							
	lanuaru					•							
	January February					-							
	March												
	April												
	May												
	June												
	July												
	August												
	September												
	October												
	November												
	December												
	TOTAL												