

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1288251

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

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

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License #				API No.:									
Name:				Permit No:									
Address 1: Address 2: City: State: Contact Person: Phone: ()				Reporting Year:									
							Lease Name:						
							Well Number:						
							I. Ir	n jection Fluid: Type <i>(Pick one)</i> : Source:	Fresh Water Produced Water	 Treated Brine Other (Attach list) 	Untreated Brine	Water/Brine	
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