

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1288260

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.:			
				Permit No:			
				1 '			
Addr	ress 2:				(January 1 to December	31)	
City:		State: Zip:	+		Sec Twp S. I	R 🔲 E 🔲 V	
Contact Person: Phone: () Lease Name:				feet from N / S Line of Sect			
							County:
				Well	Number:		
l. In	Type (Pick one): Source: Quality: Total	Dissolved Solids:	☐ Treated Brine ☐ Other (Attach list) mg/l Specific Grav	Untreated Brine	☐ Water/Brine		
II. V	Maximum Authorized	I Injection Pressure: I Injection Rate: anced Recovery Injection Wells	barrels per da	ay			
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						
	TOTAL						