

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1288277

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:			
				Reporting Year:(January 1 to December 31)			
				(0/0/0/0)	feet from N / S Line of Sec		
					feet from E /	E / W Line of Section	
				Lease Name:			
Well N	Number:						
l. Inj	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 Gr		mg/l Specific Grav	vity: Additives	:		
1	(Attach water analys	is, if available)					
II. We	ell Data:						
	Maximum Authorized	d Injection Pressure:		psi	:		
1	Maximum Authorized	d Injection Rate:	barrels per da	ay			
	Total Number of Enh	anced 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	
		DDL	Pressure	MCF	Pressure	Injection	
	January						
	February						
	March						
	April	-					
	May						
	June					·	
	July						
	August						
	September						
	October						
	November					-	
	December						
	TOTAL						