

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 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.

OPERA	TOR: License #		1	API No.:		
Name:				Permit No:		
Address 1:				Reporting Year:		
Address 2:				(January 1 to December 31)		
City: State: Zip: +						
Phone: ()						
				County:		
Ty Sc Qu	e tion Fluid: pe (<i>Pick one</i>): purce: uality: Total <i>ttach water analysi</i> e		 Treated Brine Other (Attach list) mg/I Specific Grav 	Untreated Brine	Water/Brine	
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