

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1298192

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:									
Addre	ess 2:				(January 1 to December	r 31)							
City: State: Tip:													
							Well	Number:					
							I. Inj	jection 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 Grav			vity: Additives:									
	(Attach water analysi	is, if available)											
	/ell Data:												
		Injection Pressure:			:								
		Injection Rate:	•										
	lotal 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 Injection							
	lanuary					•							
	January February												
	March												
	April												
	May												
	June												
	July												
	August												
	September					·							
	October												
	November												
	December					_							
	TOTAL												