

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

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

Form U3C

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

OPERATOR: License # Name:				API No.: Permit No:		
(January 1 to December 31) 						
			City: State: Zip: Contact Person: Phone: ()			
I. Inj	ection Fluid:					
	Type (Pick one): Fresh Water Treated Brine Source: Produced Water Other (Attach list) Quality: Total Dissolved Solids: mg/l Specific Graditional (Attach water analysis, if available)			Untreated Brine Water/Brine <i>t)</i> avity: Additives:		
	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					

Submitted Electronically

TOTAL