

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

Form must be Typed Form must be completed

Form U3C June 2015

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 # Name:				API No.: Permit No:						
							Address 1:			
Address 2:				(January 1 to December 31) 						
							County:			
							Well I	Number:		
				I. Inj	jection Fluid:					
	Type (Pick one):	Fresh Water	Treated Brine	Untreated Brine	Water/Brine					
	Source:	Produced Water	Other (Attach list)							
	Quality: Tota	I Dissolved Solids:	mg/l Specific Gra	vity: Additives:						
	(Attach water analys	is, if available)								
II. W	ell Data:									
	Maximum Authorized Injection Pressure:			psi Injection Zone:						
	Maximum Authorized	Injection Rate:	barrels per d	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 Injection				
	January									
	February									
	March									
	April									
	May			· ·						
	June									
	July									
	August									
	September									
	October									
	November									

December TOTAL