

**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: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Lease Name: \_\_\_\_\_

Well Number: \_\_\_\_\_

API No.: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

*(January 1 to December 31)*\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  E  W  
*(a/a/a/a)*\_\_\_\_\_ feet from  N /  S Line of Section\_\_\_\_\_ feet from  E /  W Line of Section

County: \_\_\_\_\_

**I. Injection Fluid:**Type *(Pick one)*:  Fresh Water  Treated Brine  Untreated Brine  Water/BrineSource:  Produced Water  Other *(Attach list)*

Quality: Total Dissolved Solids: \_\_\_\_\_ mg/l Specific Gravity: \_\_\_\_\_ Additives: \_\_\_\_\_

*(Attach water analysis, if available)***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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

### Summary of Changes

Lease Name and Number: BOXBERGER G A 3

Doc ID: 1310067

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/15/2016	06/22/2016
Flagged	No	Yes
Maximum Fluid Pressure, August	900	790
Maximum Fluid Pressure, December	900	650
Maximum Fluid Pressure, February	900	650
Maximum Fluid Pressure, January	900	650
Maximum Fluid Pressure, July	900	800
Maximum Fluid Pressure, June	900	910
Maximum Fluid Pressure, March	900	650
Maximum Fluid Pressure, November	900	600
Maximum Fluid Pressure, September	900	760
Number of Days of Injection, February	28	29

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, October	23	31
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1283589	../../kcc/detail/operatorEditDetail.cfm?docID=1310067
Total BBL Injected	7259	6480
Total BBL Injected in August	605	229
Total BBL Injected in December	605	540
Total BBL Injected in February	605	540
Total BBL Injected in January	605	540
Total BBL Injected in July	605	516
Total BBL Injected in June	605	623
Total BBL Injected in March	605	540
Total BBL Injected in May	350	387
Total BBL Injected in November	605	100
Total BBL Injected in October	1171	1680

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in September	605	492