1337549

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.

OPERATOR: License # 77777
Name: Test Company
Address 1: 3333 43RD
Address 2: BOX 999
City: WICHITA State: KS Zip: 99999 + 8888
Contact Person: Kurt Look
Phone: (876) 543-2158
Lease Name: GRAHAM
Well Number: A 2

API No.: 15-163-00038-00-01
Permit No: D27850.0
Reporting Year: 2016
(January 1 to December 31)

____ - NW - NE - NE Sec. 29 Twp. 9 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
4977 feet from ☐ N / ☑ S Line of Section
3052 feet from ☑ E / ☐ W Line of Section
County: Rooks

I. Injection 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 Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 100 psi Injection Zone: Cedar Hills
Maximum Authorized Injection Rate: 750 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	7224	0	0		31
February	3563	0	0		28
March	3852	0	0		31
April	4102	0	0		30
May	15522	0	0		31
June	9832	0	0		30
July	11110	0	0		31
August	5375	0	0		31
September	8380	0	0		30
October	10025	0	0		31
November	9840	0	0		30
December	9403	0	0		31
TOTAL	98228		0		

Submitted Electronically