1337561

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: MOHLMAN
Well Number: 2

API No.: 15-053-00290-00-00
Permit No: E27227.1
Reporting Year: 2016
(January 1 to December 31)

____ - NE - SE - NW Sec. 2 Twp. 17 S. R. 9 ☐ E ☑ W
(Q/Q/Q/Q)
3666 feet from ☐ N / ☑ S Line of Section
1051 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

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: 0 psi Injection Zone: Lansing Kansas City
Maximum Authorized Injection Rate: 1000 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	720	0	0		31
February	357	0	0		28
March	0		0		
April	294	0	0		30
May	3272	0	0		31
June	4537	0	0		30
July	5531	0	0		31
August	5733	0	0		31
September	6183	0	0		30
October	6397	0	0		31
November	6471	0	0		30
December	5857	0	0		31
TOTAL	45352		0		

Submitted Electronically