

**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/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: \_\_\_\_\_ 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: JANNE 2

Doc ID: 1349101

Correction Number: 1

Field Name	Previous Value	New Value
API	15-051-00506-00-02	15-051-00506-00-03
Date Accepted	02/16/2017	03/21/2017
Injection Zone	ARBUCKLE	TOPEKA
LocationInfoLink	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=35&amp;t1650">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=35&amp;t1650</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=35&amp;t1701">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=35&amp;t1701</a>
Number of Feet East or West From Section Line	1650	1701
Number of Feet North or South From Section Line	4950	5001
Permit Number	D19981.0	E25779.1
Save Link	<a href="https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1335564">../kcc/detail/operatorEditDetail.cfm?docID=1335564</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1349101">../kcc/detail/operatorEditDetail.cfm?docID=1349101</a>