



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 # \_\_\_\_\_  
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: HABIGER 1

Doc ID: 1349802

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/21/2016	03/27/2017
Number of Days of Injection, December	31	29
Number of Days of Injection, January	31	30
Reporting Year	2015	2016
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1298294">../..//kcc/detail/operatorEditDetail.cfm?docID=1298294</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1349802">../..//kcc/detail/operatorEditDetail.cfm?docID=1349802</a>
Total BBL Injected	125831	135725
Total BBL Injected in April	9450	12920
Total BBL Injected in August	11315	9440
Total BBL Injected in December	11315	10800
Total BBL Injected in February	8820	9440
Total BBL Injected in January	11315	11160
Total BBL Injected in July	11315	12250

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in June	9450	11315
Total BBL Injected in May	11315	10800
Total BBL Injected in November	9456	12250
Total BBL Injected in September	9450	12720