

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1352459 Form

## ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

June 2015 Form must be Typed Form must be completed on a per well basis

Form U3C

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:				API No.:									
							City: _		State: Zip:	+		Sec TwpS.	R E W
							Contact Person:				(@/@/@/@) feet from N / S Line of Section feet from E / W Line of Section County:		
			I										
-	ection Fluid:	_											
	Type <i>(Pick one)</i> :	Fresh Water	Treated Brine	Untreated Brine	Water/Brine								
	Source: Produced Water Other (Attach list)												
	Quality: Total Dissolved Solids: mg/l Specific Gra		vity: Additives: _										
	(Attach water analys	is, 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