

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1352494 Form mus

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 #				API No.:											
									jection Fluid:						
									Type (Pick one):	Fresh Water	Treated Brine	Untre	ated Brine	Water/Brine	
								Source: Produced Water Other (Attach list)							
								Quality: Total Dissolved Solids: mg/l Specific Gravity: Additives: (Attach water analysis, if available)							
								II. W	/ell Data:						
	Maximum Authorized Injection Pressure:				Injection Zone:										
	Maximum Authorized	d Injection Rate:	barrels per da	ау											
	Total Number of Enh	nanced Recovery Injection Wells	Covered by this Permit: _		(Include TA's)										
III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure		as Injected //CF	Maximum Gas Pressure	# Days of Injection								
	January														
	February														
	March	·	·												
	April		·												
	May														
	June														

July August September October November December **TOTAL**