

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1352499

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 #  Name:  Address 1:				API No.:									
				Permit No:									
				Reporting Year:									
Addre	ess 2:				(January 1 to December	r 31)							
City:     State:     Tip:													
							Well	Number:					
								jection 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 Gravi  (Attach water analysis, if available)			rity: Additives	:								
	(Allacii walei arialysi	is, ii avaliable)											
II. W	/ell Data:												
	Maximum Authorized	Injection Pressure:		psi	:								
	Maximum Authorized	Injection Rate:	barrels per da	ay									
	Total Number of Enhance	anced Recovery Injection Wells	Covered by this Permit: _	(Include TA's)									
III.	Month:	Total Fluid Injected	Maximum Fluid	Total Gas Injected	Maximum Gas	# Days of							
		BBL	Pressure	MCF	Pressure	Injection							
	January												
	February												
	March												
	April												
	Мау												
	June												
	July												
	August												
	September												
	October												
	November												
	December												
	TOTAL												