

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1352509

ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

Form U3C June 2015 Form must be Typed Form must be completed on a per well basis

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License #				API No.:									
							City: _		State: Zip:	+	·· ·	Sec Twp S.	R 🛛 E 🗌 W
							Contact Person:				(Q/Q/Q/Q)	feet from K / S Line of Section	
County:													
			vvenn										
1 1.0	estion Fluid.												
-	ection Fluid: Type (Pick one):	Fresh Water	Treated Brine	Untreated Brine	Water/Brine								
	Source:	Produced Water	Other (Attach list)										
				vity: Additives:									
	(Attach water analys		g,: • • • • • • • • • • •	·									
II. We	ell Data:												
I	Maximum Authorized	d Injection Pressure:		psi Injection Zone:									
I	Maximum Authorized	d Injection Rate:	barrels per d	ay									
	Total Number of Enh	nanced 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												
	Мау												
	June												
	July												
	August												

September October November December **TOTAL**