

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1352910 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 #				API No.:									
Name:				Permit No:									
Address 1:				Reporting Year:									
							Citv:		State: Zip:	+		Sec TwpS.	r [e [] w
Contact Person:				(Q/Q/Q/Q) feet from N / S Line of Section feet from E / W Line of Section County:									
							I. Inje	ection Fluid:					
٦	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 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