

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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 #				API No.:			
				Permit No:			
				(January 1 to December 31)			
							City:
Contact Person: Phone: () Lease Name:							
							County:
				Well	Number:		
l. In	Ijection Fluid: Type (Pick one): Source: Quality: Tota (Attach water analys)	I Dissolved Solids:	Treated Brine Other (Attach list) mg/l Specific Grav	Untreated Brine vity: Additives:	☐ Water/Brine		
II. V	Maximum Authorized	I Injection Pressure: I Injection Rate: anced Recovery Injection Wells	barrels per da	ay			
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						
	TOTAL						