

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1352915

## 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 TwpS.	R E W
							Contact Person:				(0/0/0/0) feet from N / S Line of Section		
							Phone	e: ()				feet from E /	W Line of Section
Lease Name:				County:									
Well N	lumber:												
	<b>ection Fluid:</b> Type <i>(Pick one)</i> : Source:	Fresh Water Produced Water	Treated Brine Other (Attach list)	Untreated Brine	Water/Brine								
	Quality:       Total Dissolved Solids:      mg/l       Specific Gravity:      Additives:												
	(Attach water analysi			Additives.									
	,	-,											
I	Maximum Authorized	I Injection Pressure: I Injection Rate: anced Recovery Injection Wells	barrels per d	ay									
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												

## Submitted Electronically