

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.:									
									State: Zip:			Sec Twp S.	r
							Contact Person:				(Q/Q/Q/Q) 	S Line of Section	
												feet from E /	
Lease Name:				County:									
Well Number:				,									
	ection Fluid: Type (<i>Pick one</i>): Source: Quality: Tota (<i>Attach water analys</i> :		Treated Brine Other (Attach list) mg/l Specific Grav	Untreated Brine	Water/Brine								
	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												
	May												
	June												
	July												
	August												
	September												
	October												
	November												
	December												

Submitted Electronically

TOTAL