

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 # Name:				API No.:									
							Address 1:						
Address 2:													
							Well N	Number:					
							I. Inje	ection Fluid:					
							-	Type <i>(Pick one)</i> :	Fresh Water	Treated Brine	Untreated Brine	Water/Brine	
							ę	Source:	Produced Water	Other (Attach list)	1		
(Quality: Tota	I Dissolved Solids:	mg/l Specific Gra				vity: Additives:						
((Attach water analys	is, if available)											
	all Data:												
II. Well Data: Maximum Authorized Injection Pressure:				psi Injection Zone:									
		d Injection Rate:											
		anced Recovery Injection Wells											
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												

Submitted Electronically

December