

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.: Permit No:									
							Address 1:				Reporting Year:		
Address 2:				(January 1 to December 31) 									
							Phone	e: ()					
							Lease Name:				County:		
Well N	Number:												
I. Inj	ection Fluid:												
-	Type <i>(Pick one)</i> :	Fresh Water	Treated Brine	Untreated Brine	Water/Brine								
	Source:	Produced Water	Other (Attach list)										
	Quality: Tota	I Dissolved Solids:	mg/l Specific Gra	vity: Additives:									
	(Attach water analys	is, if available)											
	all Data:												
	ell Data:	d Injection Dressures		noi Injection Zonou									
	Maximum Authorized Injection Pressure: barrels per barrels												
		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												
	Мау												
	June												
	July												
	August												
	September												
	October												
	November												

December