

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION** 

## ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION AND ENHANCED RECOVERY

June 2015 Form must be Typed Form must be completed on a per well basis

Form U3C

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License #				API No.:		
Name:				Permit No:		
Address 1:				Reporting Year:		
Address 2:			(January 1 to December 31)			
City:   State:   Zip:  +     Contact Person:    Phone:  ( )				Feet from S. R E W feet from N / S Line of Section feet from E / W Line of Section		
				County:		
	umber					
I. Inje	ection Fluid:					
-	Type <i>(Pick one)</i> :	Fresh Water	Treated Brine	Untreated Brine	Water/Brine	
5	Source:	Produced Water	Other (Attach list)			
(	Quality: Tota	I Dissolved Solids:	mg/l Specific Gra	vity: Additives:		
	(Attach water analys	is, if available)				
II. We	ell Data:					
I	Maximum Authorized	d Injection Pressure:		psi Injection Zone:		
I	Maximum Authorized	d Injection Rate:	barrels per d	lay		
	Total Number of Enh	anced Recovery Injection Wells	Covered by this Permit:	(Include TA's)		
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 TOTAL