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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.:			
				Permit No:			
Address 1:				Reporting Year:			
				(January 1 to December 31)			
		State: Zip:			SecS.	R	
Contact Person:				(Q/Q/Q/Q) feet from N / S Line of Section			
Phone	e: ()				feet from E /		
Lease Name:				County:			
Well N	Number:			,			
	ection Fluid: Type (Pick one): Source:	Fresh Water	Treated Brine Other (Attach list)	Untreated Brine	Water/Brine		
			ıvity: Additives:				
	(Attach water analys						
		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						
	December						
	TOTAL						