

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: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Lease Name: \_\_\_\_\_

Well Number: \_\_\_\_\_

API No.: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Reporting Year: \_\_\_\_\_

(January 1 to December 31)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  E  W  
(a/a/a/a)\_\_\_\_\_ feet from  N /  S Line of Section\_\_\_\_\_ feet from  E /  W Line of Section

County: \_\_\_\_\_

**I. Injection Fluid:**Type (Pick one):  Fresh Water  Treated Brine  Untreated Brine  Water/BrineSource:  Produced Water  Other (Attach list)

Quality: Total Dissolved Solids: \_\_\_\_\_ mg/l Specific Gravity: \_\_\_\_\_ Additives: \_\_\_\_\_

(Attach water analysis, if available)

**II. Well Data:**

Maximum Authorized Injection Pressure: \_\_\_\_\_ psi Injection Zone: \_\_\_\_\_

Maximum Authorized Injection Rate: \_\_\_\_\_ barrels per day

Total Number of Enhanced Recovery Injection Wells Covered by this Permit: \_\_\_\_\_ (Include TA's)

| III. | Month:       | Total Fluid Injected<br>BBL | Maximum Fluid<br>Pressure | Total Gas Injected<br>MCF | Maximum Gas<br>Pressure | # Days of<br>Injection |
|------|--------------|-----------------------------|---------------------------|---------------------------|-------------------------|------------------------|
|      | January      | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | February     | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | March        | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | April        | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | May          | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | June         | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | July         | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | August       | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | September    | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | October      | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | November     | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | December     | _____                       | _____                     | _____                     | _____                   | _____                  |
|      | <b>TOTAL</b> | _____                       | _____                     | _____                     | _____                   | _____                  |

Submitted Electronically

### Summary of Changes

Lease Name and Number: HICKS 4

Doc ID: 1388050

Correction Number: 1

| Field Name | Previous Value | New Value |
|------------|----------------|-----------|
|------------|----------------|-----------|

|               |            |            |
|---------------|------------|------------|
| Date Accepted | 02/09/2018 | 02/12/2018 |
|---------------|------------|------------|

|  |   |
|--|---|
| Total Number of<br>Injection Wells Covered<br>By This Permit | 1 |
|--|---|