

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm U3C  
June 2015ANNUAL REPORT OF PRESSURE MONITORING,  
FLUID INJECTION AND ENHANCED RECOVERYForm must be Typed  
Form must be completed  
on a per well basis*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  
(Q/Q/Q/Q) \_\_\_\_\_ 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 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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

Submitted Electronically

## Summary of Changes

Lease Name and Number: JESSIE S 2-32

Doc ID: 1389707

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/13/2018	02/16/2018
Maximum Fluid Pressure, September		0
Number of Days of Injection, August	27	31
Number of Days of Injection, December	30	31
Number of Days of Injection, July	1	31
Number of Days of Injection, November	20	30
Number of Days of Injection, September		30
Total BBL Injected	4015	5679
Total BBL Injected in April	455	595
Total BBL Injected in August	150	294
Total BBL Injected in December	2142	2286
Total BBL Injected in February	223	377

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in January	67	188
Total BBL Injected in July	3	116
Total BBL Injected in June	49	199
Total BBL Injected in March	187	353
Total BBL Injected in May	178	317
Total BBL Injected in November	529	669
Total BBL Injected in October	32	145
Total BBL Injected in September	0	140