

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 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: HIRT FARMS 1-29

Doc ID: 1402984

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/26/2018	03/27/2018
Number of Days of Injection, August	25	30
Number of Days of Injection, December	30	25
Number of Days of Injection, July	30	26
Number of Days of Injection, June	28	30
Number of Days of Injection, May	27	30
Number of Days of Injection, November	25	29
Number of Days of Injection, October	29	30
Number of Days of Injection, September	28	29
Operator's City	SAWYER	sawyer
Operator's License Number	35251	
Operator's Name	APATAO, LLC	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Operator's Phone	594-2253	7700553
Operator's State	KS	ks.
Operator's Street Address - line 1	12640 NW TURKEY LANE RD	12640 nw turkey ln rd
Total BBL Injected	547	16980
Total BBL Injected in April	52	1400
Total BBL Injected in August	45	1550
Total BBL Injected in December	41	1200
Total BBL Injected in February	45	1350
Total BBL Injected in January	50	1400
Total BBL Injected in July	43	1200
Total BBL Injected in June	51	1400
Total BBL Injected in March	50	1500
Total BBL Injected in May	46	1600

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	39	1450
Total BBL Injected in October	42	1450
Total BBL Injected in September	43	1480
Total Number of Injection Wells Covered By This Permit		1