CORRECTION #1

KOLAR Document ID: 1417071

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.:			
Name:							
		State: Zip:			SecS.	R	
Contact Person:				(Q/Q/Q/Q) feet from N / S Line of Sectio			
Phone	e: ()				feet from E /		
	,			County:			
Well N	Number:			,			
	ection Fluid: Type (Pick one): Source:	Fresh Water	☐ Treated Brine	Untreated Brine	Water/Brine		
				avity: 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						

Summary of Changes

Lease Name and Number: THOMPSON SWD 1

Doc ID: 1417071

Correction Number: 1

Field Name	Previous Value	New Value
Number of Days of Injection, May	31	30
Number of Days of Injection, November	30	29
Number of Days of Injection, October	3	31
Total BBL Injected	78241	212602
Total BBL Injected in April	6431	17543
Total BBL Injected in August	6645	18124
Total BBL Injected in December	6645	18111
Total BBL Injected in February	6002	16177
Total BBL Injected in January	6645	17911
Total BBL Injected in July	6645	18124
Total BBL Injected in June	6431	17540
Total BBL Injected in March	6645	17911

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in May	6645	17540
Total BBL Injected in November	6431	17543
Total BBL Injected in October	6645	18753
Total BBL Injected in September	6431	17325