

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: WILSON A I-14

Doc ID: 1443070

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/15/2019	02/18/2019
Number of Days of Injection, April	30	22
Number of Days of Injection, August	31	0
Number of Days of Injection, December	31	0
Number of Days of Injection, July	31	0
Number of Days of Injection, June	30	0
Number of Days of Injection, May	31	0
Number of Days of Injection, November	30	0
Number of Days of Injection, October	31	0
Number of Days of Injection, September	30	0
Location Info Button	<a href="https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=4450">https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=4450</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=4&amp;to0">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=4&amp;to0</a>
Maximum Fluid Pressure, August		

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, December	450	0
Maximum Fluid Pressure, July	450	0
Maximum Fluid Pressure, June	450	0
Maximum Fluid Pressure, May	450	0
Maximum Fluid Pressure, November	450	0
Maximum Fluid Pressure, October	450	0
Maximum Fluid Pressure, September	450	0
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1442845">../kcc/detail/operatorEditDetail.cfm?docID=1442845</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1443070">../kcc/detail/operatorEditDetail.cfm?docID=1443070</a>