

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/Brine  
Source:  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>	_____	_____	_____	_____	_____

### Summary of Changes

Lease Name and Number: TRICO UNIT WEST 110D

Doc ID: 1452508

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/26/2019	03/04/2019
Location Info Button	<a href="https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=3850">https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=3850</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=36&amp;t0">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=36&amp;t0</a>
Maximum Fluid Pressure, April	850	0
Maximum Fluid Pressure, August	850	0
Maximum Fluid Pressure, December	850	0
Maximum Fluid Pressure, February	850	0
Maximum Fluid Pressure, January	850	0
Maximum Fluid Pressure, July	850	0
Maximum Fluid Pressure, June	850	0
Maximum Fluid Pressure, March	850	0
Maximum Fluid Pressure, May	850	0
Maximum Fluid Pressure, November	850	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	850	0
Maximum Fluid Pressure, September	850	0
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449113	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452508
Total BBL Injected	6980	642877
Total BBL Injected in April	600	59583
Total BBL Injected in August	620	46699
Total BBL Injected in December	300	49301
Total BBL Injected in February	560	60343
Total BBL Injected in January	620	76839
Total BBL Injected in July	620	49148
Total BBL Injected in June	600	47374
Total BBL Injected in March	620	64621
Total BBL Injected in May	620	50963

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	600	41777
Total BBL Injected in October	620	43366
Total BBL Injected in September	600	52863