

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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: TRICO UNIT WEST 101W

Doc ID: 1452516

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/26/2019	03/04/2019
Location Info Button	https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=3687	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=36&t850
Maximum Fluid Pressure, April	837	850
Maximum Fluid Pressure, January	837	850
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1449112	../kcc/detail/operatorEditDetail.cfm?docID=1452516
Total BBL Injected	63520	11630
Total BBL Injected in April	5100	600
Total BBL Injected in August	5270	620
Total BBL Injected in December	6200	300
Total BBL Injected in February	4760	560
Total BBL Injected in January	5270	620
Total BBL Injected in July	5270	620

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in June	5100	600
Total BBL Injected in March	5270	620
Total BBL Injected in May	5270	620
Total BBL Injected in November	5100	600
Total BBL Injected in October	5270	620
Total BBL Injected in September	5640	600