

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: OSWALD WILCOX 32

Doc ID: 1452521

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=8">https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to200">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to200</a>
Maximum Fluid Pressure, April	370	200
Maximum Fluid Pressure, August	370	290
Maximum Fluid Pressure, February	370	250
Maximum Fluid Pressure, January	370	50
Maximum Fluid Pressure, July	380	285
Maximum Fluid Pressure, June	390	290
Maximum Fluid Pressure, March	370	200
Maximum Fluid Pressure, May	395	300
Maximum Fluid Pressure, November	300	370
Maximum Fluid Pressure, October	400	390

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	380	375
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449057	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452521
Total BBL Injected	119824	114663
Total BBL Injected in April	9179	7314
Total BBL Injected in August	9653	12878
Total BBL Injected in December	11401	11205
Total BBL Injected in February	10256	6648
Total BBL Injected in January	10643	8581
Total BBL Injected in July	9788	10314
Total BBL Injected in June	9122	9146
Total BBL Injected in March	11918	6698
Total BBL Injected in May	9888	9953
Total BBL Injected in November	9928	9450

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	9076	10286
Total BBL Injected in September	8972	12190