

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 27

Doc ID: 1452540

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;to">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to</a>
Maximum Fluid Pressure, April	200	0
Maximum Fluid Pressure, August	290	0
Maximum Fluid Pressure, December	400	0
Maximum Fluid Pressure, February	250	0
Maximum Fluid Pressure, January	50	0
Maximum Fluid Pressure, July	285	0
Maximum Fluid Pressure, June	290	0
Maximum Fluid Pressure, March	200	0
Maximum Fluid Pressure, May	300	0
Maximum Fluid Pressure, November	370	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	390	0
Maximum Fluid Pressure, September	375	0
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449059	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452540
Total BBL Injected	114663	170915
Total BBL Injected in April	7314	12546
Total BBL Injected in August	12878	17268
Total BBL Injected in December	11205	19958
Total BBL Injected in February	6648	12464
Total BBL Injected in January	8581	11334
Total BBL Injected in July	10314	1533
Total BBL Injected in June	9146	14772
Total BBL Injected in March	6698	14136
Total BBL Injected in May	9953	15292

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	9450	16172
Total BBL Injected in October	10286	17840
Total BBL Injected in September	12190	17600