

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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: OSWALD WILCOX 26

Doc ID: 1452560

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=80	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&to370
Maximum Fluid Pressure, April	0	370
Maximum Fluid Pressure, August	0	370
Maximum Fluid Pressure, December	0	400
Maximum Fluid Pressure, February	0	370
Maximum Fluid Pressure, January	0	370
Maximum Fluid Pressure, July	0	380
Maximum Fluid Pressure, June	0	390
Maximum Fluid Pressure, March	0	370
Maximum Fluid Pressure, May	0	395
Maximum Fluid Pressure, November	0	300

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	0	400
Maximum Fluid Pressure, September	34	380
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449058	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452560
Total BBL Injected	184713	119824
Total BBL Injected in April	12546	9179
Total BBL Injected in August	17268	9653
Total BBL Injected in December	19958	11401
Total BBL Injected in February	12464	10256
Total BBL Injected in January	11334	10643
Total BBL Injected in July	15331	9788
Total BBL Injected in June	14772	9122
Total BBL Injected in March	14136	11918
Total BBL Injected in May	15292	9888

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	16172	9928
Total BBL Injected in October	17840	9076
Total BBL Injected in September	17600	8972