

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: CHESNEY 214W

Doc ID: 1452452

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=2">https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=2</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=21&amp;t">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=21&amp;t</a>
Save Link	<a href="https://kolartest.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1448944">../kcc/detail/operatorEditDetail.cfm?docID=1448944</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1452452">../kcc/detail/operatorEditDetail.cfm?docID=1452452</a>
Total BBL Injected	148180	74106
Total BBL Injected in April	5529	3234
Total BBL Injected in August	13849	5046
Total BBL Injected in December	17627	7942
Total BBL Injected in February	10289	6510
Total BBL Injected in January	9008	6299
Total BBL Injected in July	15774	5475
Total BBL Injected in June	6222	6935
Total BBL Injected in March	9493	7200

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in May	7868	7742
Total BBL Injected in November	16981	5672
Total BBL Injected in October	18560	6139
Total BBL Injected in September	16980	5912