

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: WILSON A 413

Doc ID: 1452495

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=8	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&to
Maximum Fluid Pressure, April	280	0
Maximum Fluid Pressure, August	280	0
Maximum Fluid Pressure, December	280	0
Maximum Fluid Pressure, February	280	0
Maximum Fluid Pressure, January	280	0
Maximum Fluid Pressure, July	280	0
Maximum Fluid Pressure, June	280	0
Maximum Fluid Pressure, March	280	0
Maximum Fluid Pressure, May	280	0
Maximum Fluid Pressure, November	280	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	280	0
Maximum Fluid Pressure, September	280	0
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449125	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452495
Total BBL Injected	1721	3271303
Total BBL Injected in April	114	247666
Total BBL Injected in August	83	282432
Total BBL Injected in December	136	267212
Total BBL Injected in February	151	273282
Total BBL Injected in January	147	279270
Total BBL Injected in July	154	289652
Total BBL Injected in June	164	266502
Total BBL Injected in March	157	265421
Total BBL Injected in May	172	286204

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	132	272906
Total BBL Injected in October	147	278798
Total BBL Injected in September	164	261958