

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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

## Summary of Changes

Lease Name and Number: NW ADELL UNIT 1

Doc ID: 1452486

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/26/2019	03/04/2019
Number of Days of Injection, January	31	0
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=27&amp;t">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=27&amp;t</a>
Save Link	<a href="https://kolartest.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1449054">https://kolartest.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1449054</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1452486">https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1452486</a>
Total BBL Injected	100462	256897
Total BBL Injected in April	6573	30340
Total BBL Injected in August	3108	23552
Total BBL Injected in December	10118	19004
Total BBL Injected in February	8199	2705
Total BBL Injected in January	4895	0
Total BBL Injected in July	12258	24458
Total BBL Injected in June	5718	27116

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in March	10535	26320
Total BBL Injected in May	8817	31267
Total BBL Injected in November	11730	17081
Total BBL Injected in October	11318	29729
Total BBL Injected in September	7193	25325