

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: KRUEGER UNIT 403W

Doc ID: 1452473

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=3	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=3&to310
Maximum Fluid Pressure, April	90	310
Maximum Fluid Pressure, August	90	310
Maximum Fluid Pressure, December	90	420
Maximum Fluid Pressure, February	90	310
Maximum Fluid Pressure, January	90	310
Maximum Fluid Pressure, June	90	310
Maximum Fluid Pressure, March	90	310
Maximum Fluid Pressure, May	90	310
Maximum Fluid Pressure, November	90	310
Maximum Fluid Pressure, October	90	310

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	90	310
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449027	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452473
Total BBL Injected	241125	191808
Total BBL Injected in April	23250	19578
Total BBL Injected in August	6300	4501
Total BBL Injected in December	24025	18740
Total BBL Injected in February	21700	18720
Total BBL Injected in January	24025	19067
Total BBL Injected in June	23250	13628
Total BBL Injected in March	24025	20490
Total BBL Injected in May	24025	20477
Total BBL Injected in November	23250	18016
Total BBL Injected in October	24025	19757

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in September	23250	18834