

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: WILSON A 322

Doc ID: 1452499

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=80">https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=80</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to280">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to280</a>
Maximum Fluid Pressure, April	0	280
Maximum Fluid Pressure, August	0	280
Maximum Fluid Pressure, December	0	280
Maximum Fluid Pressure, February	0	180
Maximum Fluid Pressure, January	0	280
Maximum Fluid Pressure, July	0	280
Maximum Fluid Pressure, June	0	280
Maximum Fluid Pressure, March	0	280
Maximum Fluid Pressure, May	0	280
Maximum Fluid Pressure, November	0	280

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	0	280
Maximum Fluid Pressure, September	0	280
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449122	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452499
Total BBL Injected	3271303	1721
Total BBL Injected in April	247666	114
Total BBL Injected in August	282432	83
Total BBL Injected in December	267212	136
Total BBL Injected in February	273282	151
Total BBL Injected in January	279270	147
Total BBL Injected in July	289652	154
Total BBL Injected in June	266502	164
Total BBL Injected in March	265421	157
Total BBL Injected in May	286204	172

Summary of changes for correction 1 continued

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