

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: TRICO UNIT WEST 204W

Doc ID: 1452502

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=30">https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=30</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=31&amp;t200">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=31&amp;t200</a>
Maximum Fluid Pressure, April	0	200
Maximum Fluid Pressure, August	0	200
Maximum Fluid Pressure, December	0	200
Maximum Fluid Pressure, February	0	200
Maximum Fluid Pressure, January	0	200
Maximum Fluid Pressure, July	0	200
Maximum Fluid Pressure, June	0	200
Maximum Fluid Pressure, March	0	200
Maximum Fluid Pressure, May	0	200
Maximum Fluid Pressure, November	0	200

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	0	200
Maximum Fluid Pressure, September	0	200
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1449114	../../../../kcc/detail/operatorEditDetail.cfm?docID=1452502
Total BBL Injected	642877	5450
Total BBL Injected in April	59583	300
Total BBL Injected in August	46699	1130
Total BBL Injected in December	49301	310
Total BBL Injected in February	60343	280
Total BBL Injected in January	76839	310
Total BBL Injected in July	49148	310
Total BBL Injected in June	47374	300
Total BBL Injected in March	64621	310
Total BBL Injected in May	50963	310

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	41777	310
Total BBL Injected in October	43366	300
Total BBL Injected in September	52863	1280