

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: HANSFORD 1

Doc ID: 1453084

Correction Number: 1

Field Name	Previous Value	New Value
Number of Days of Injection, April	0	10
Number of Days of Injection, August	0	10
Number of Days of Injection, December	0	10
Number of Days of Injection, February	0	10
Number of Days of Injection, January	0	10
Number of Days of Injection, July	0	10
Number of Days of Injection, June	0	10
Number of Days of Injection, March	0	10
Number of Days of Injection, May	0	10
Number of Days of Injection, November	0	10
Number of Days of Injection, October	0	10
Number of Days of Injection, September	0	10

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1453074	../../../../kcc/detail/operatorEditDetail.cfm?docID=1453084
Total BBL Injected	0	4000
Total BBL Injected in April	0	300
Total BBL Injected in August	0	300
Total BBL Injected in December	0	300
Total BBL Injected in February	0	400
Total BBL Injected in January	0	500
Total BBL Injected in July	0	300
Total BBL Injected in June	0	300
Total BBL Injected in March	0	400
Total BBL Injected in May	0	300
Total BBL Injected in November	0	300
Total BBL Injected in October	0	300

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in September	0	300