

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>	_____	_____	_____	_____	_____

Submitted Electronically

### Summary of Changes

Lease Name and Number: MCGILVRAY A W 26

Doc ID: 1490570

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/23/2020	01/24/2020
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1490569	../../../../kcc/detail/operatorEditDetail.cfm?docID=1490570
Total BBL Injected	0	34675
Total BBL Injected in April	0	2850
Total BBL Injected in August	0	2945
Total BBL Injected in December	0	2945
Total BBL Injected in February	0	2660
Total BBL Injected in January	0	2945
Total BBL Injected in July	0	2945
Total BBL Injected in June	0	2850
Total BBL Injected in March	0	2945
Total BBL Injected in May	0	2945

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	0	2850
Total BBL Injected in October	0	2945
Total BBL Injected in September	0	2850
Total MCF Injected in April	0	
Total MCF Injected in August	0	
Total MCF Injected in December	0	
Total MCF Injected in February	0	
Total MCF Injected in January	0	
Total MCF Injected in July	0	
Total MCF Injected in June	0	
Total MCF Injected in March	0	
Total MCF Injected in May	0	
Total MCF Injected in November	0	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total MCF Injected in October	0	
Total MCF Injected in September	0	