

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: CLASSEN 1

Doc ID: 1542547

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/14/2021	01/15/2021
Location Info Button	<a href="https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=1">https://kolartest.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=1</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=17&amp;t">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=17&amp;t</a>
Save Link	<a href="https://kolartest.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1542387">https://kolartest.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1542387</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1542547">https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1542547</a>
Total BBL Injected	64230	69032
Total BBL Injected in April	5615	6035
Total BBL Injected in August	5985	6307
Total BBL Injected in December	950	1174
Total BBL Injected in February	5438	5844
Total BBL Injected in January	5796	6230
Total BBL Injected in July	5979	6413
Total BBL Injected in June	5786	6206
Total BBL Injected in March	5790	6224

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in May	5802	6236
Total BBL Injected in November	5615	6035
Total BBL Injected in October	5831	6265
Total BBL Injected in September	5643	6063