

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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: CONSOLIDATED SWD 1

Doc ID: 1555478

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/19/2021	02/22/2021
Number of Days of Injection, April	9	2
Number of Days of Injection, August	13	0
Number of Days of Injection, December	8	0
Number of Days of Injection, February	11	0
Number of Days of Injection, January	10	1
Number of Days of Injection, July	6	0
Number of Days of Injection, June	5	2
Number of Days of Injection, March	10	0
Number of Days of Injection, May	15	0
Number of Days of Injection, November	9	0
Number of Days of Injection, October	6	1

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, September	7	4
Operator's Phone	303-9515	219-2491
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1555466	../../../../kcc/detail/operatorEditDetail.cfm?docID=1555478
Total BBL Injected	9510	660
Total BBL Injected in April	735	130
Total BBL Injected in August	1040	0
Total BBL Injected in December	710	0
Total BBL Injected in February	935	0
Total BBL Injected in January	890	80
Total BBL Injected in July	670	0
Total BBL Injected in June	440	180
Total BBL Injected in March	885	0
Total BBL Injected in May	1220	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	755	0
Total BBL Injected in October	600	30
Total BBL Injected in September	630	240