

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>	_____	_____	_____	_____	_____

2020	SIROKY OIL	FOSSIL DRILLING	DEUTSCH	D & J Fluid	PIPED IN	TOTAL
JANUARY	3418	1042	6200	1346	2992	14998
FEBRUARY	1760.5	4533	3045	2133	2744	14215.5
MARCH	1138	530	3205	3360	3038	11271
APRIL	320	0	3150	2679	2926	9075
MAY	240	120	2480	2880	3038	8758
JUNE	0	120	2400	2659	2940	8119
JULY	595.42	120	3255	2465	3038	9473.42
AUGUST	253.68	0	3255	1120	3038	7666.68
SEPTEMBER	0	150	3150	2209	2940	8449
OCTOBER	1890	0	3255	2450	3038	10633
NOVEMBER	2385.4	25	3150	3195	2940	11695.4
DECEMBER	726.54	240	3255	1471	3038	8730.54
						123084.5

SEIDEL	SIROKY 1	SIROKY 3	STULL
8	23	7	60
248	667	217	1860
224	644	196	1680
248	713	217	1860
240	690	196	1800
248	713	217	1860
240	690	210	1800
248	713	217	1860
248	713	217	1860
240	690	210	1800
248	713	217	1860
240	690	210	1800
248	713	217	1860
240	690	210	1800
248	713	217	1860

2992  
2744  
3038  
2926  
3038  
2940  
3038  
2940  
3038

Per Don 1/31/2020