## KOLAR Document ID: 1556294

## 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.

Name:					API No.:		
Address 2:	Address				Permit No:		
Address 2:		s 1:			Reporting Year:		
Contact Person:	Addres	s 2:				(January 1 to Decembe	er 31)
Contact Person:	City:		State: Zip:	+		Sec TwpS.	R EW
Lease Name:       County:         Well Number:       County:         ''Well Number:       ''Presh Water         ''Dreated Brine       Untreated Brine         ''Well Outaity:       ''Dreated Brine         ''Untreated Dissolved Solids:       ''Dreated Brine         ''Untreated Dissolved Solids:       ''mg/'         ''Maximum Authorized Injection Pressure:       ''mg/'         ''Maximum Authorized Injection Pressure:       psi         ''Maximum Authorized Injection Rate:       ''mg/'         ''Data Number of Enhanced Recovery Injection Wells Covered by this Permit:       (Include TA's)         III.       Month:       Total Fluid Injected       Maximum Fluid       Total Gas injected       Maximum Gas       # Days of injection         ''January	Contact	t Person:				feet from N /	S Line of Section
Well Number:       Image: Construction of the image: Constructing of the image: Construction of the image: Construct	Phone:	()				feet from E /	W Line of Section
In Injection Fluid:	Lease I	Name:			County:		
Type (Pick one):        Produced Water           Other (Attach list)          Quality:       Total Dissolved Solids:          mg/l Specific Gravity:       Additives:         (Attach water analysis, if available)          mg/l Specific Gravity:       Additives:         II. Well Data:          psi Injection Zone:          mg/l Specific Gravity:          mg/l Specific Jone:         Maximum Authorized Injection Pressure:          psi Injection Zone:          maximum Authorized Injection Rate:          maximum Jone:          maximum Authorized Injection Wells Covered by this Permit:          (Include TA's)          III.       Month:       Total Fluid Injected       Maximum Fluid       Total Gas Injected       Maximum Gas       # Days of Injection         January              maximum Authorized Injected BBL        Maximum Fluid       Total Gas Injected MCF        Maximum Gas       # Days of Injection         January                maximum Gas       # Days of Injection          maximum Gas       # Days of Injection         March                  maximum Gas       # Days of Injection         March	Well Nu	ımber:					
Type (Pick one):        Produced Water           Other (Attach list)          Quality:       Total Dissolved Solids:          mg/l Specific Gravity:       Additives:         (Attach water analysis, if available)          mg/l Specific Gravity:       Additives:         II. Well Data:          psi Injection Zone:          mg/l Specific Gravity:          mg/l Specific Jone:         Maximum Authorized Injection Pressure:          psi Injection Zone:          maximum Authorized Injection Rate:          maximum Jone:          maximum Authorized Injection Wells Covered by this Permit:          (Include TA's)          III.       Month:       Total Fluid Injected       Maximum Fluid       Total Gas Injected       Maximum Gas       # Days of Injection         January              maximum Authorized Injected BBL        Maximum Fluid       Total Gas Injected MCF        Maximum Gas       # Days of Injection         January                maximum Gas       # Days of Injection          maximum Gas       # Days of Injection         March                  maximum Gas       # Days of Injection         March							
(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       # Days of Injection         January	Ту	vpe (Pick one):				Water/Brine	
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 Maximum Fluid Pressure Total Gas Injected Maximum Gas # Days of Injection January	Q	uality: Tota	Dissolved Solids:	mg/l Specific Gra	vity: Additives:		
Maximum Authorized Injection Pressure:	(A	Attach water analys	is, if available)				
BBLPressureMCFPressureInjectionJanuary							
February	Тс	otal Number of Enh					
March			anced Recovery Injection Wells	Covered by this Permit:	(Include TA's)		
April		Month:	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
May		<b>Month:</b> January	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
July		<b>Month:</b> January February	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
July		<b>Month:</b> January February March	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
		<b>Month:</b> January February March April	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
August		<b>Month:</b> January February March April May	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
		Month: January February March April May June July	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
September		Month: January February March April May June July August	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
		Month: January February March April May June July August September	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
November		Month: January February March April May June July August September October	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection

## Submitted Electronically

TOTAL