

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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: DANIEL DM-5

Doc ID: 1561782

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/01/2021	03/02/2021
Number of Days of Injection, April	30	0
Number of Days of Injection, August	31	0
Number of Days of Injection, December	31	0
Number of Days of Injection, February	29	0
Number of Days of Injection, January	31	0
Number of Days of Injection, July	31	0
Number of Days of Injection, June	30	0
Number of Days of Injection, March	31	0
Number of Days of Injection, May	31	0
Number of Days of Injection, November	30	0
Number of Days of Injection, October	31	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, September	30	0
Maximum Fluid Pressure, April	430	
Maximum Fluid Pressure, August	460	
Maximum Fluid Pressure, December	455	
Maximum Fluid Pressure, February	445	
Maximum Fluid Pressure, January	440	
Maximum Fluid Pressure, July	445	
Maximum Fluid Pressure, June	455	
Maximum Fluid Pressure, March	440	
Maximum Fluid Pressure, May	450	
Maximum Fluid Pressure, November	450	
Maximum Fluid Pressure, October	445	
Maximum Fluid Pressure, September	450	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1561762	../../../../kcc/detail/operatorEditDetail.cfm?docID=1561782
Total BBL Injected	1876	0
Total BBL Injected in April	148	
Total BBL Injected in August	165	
Total BBL Injected in December	159	
Total BBL Injected in February	153	
Total BBL Injected in January	161	
Total BBL Injected in July	167	
Total BBL Injected in June	154	
Total BBL Injected in March	156	
Total BBL Injected in May	156	
Total BBL Injected in November	146	
Total BBL Injected in October	152	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in September	159	
Total Number of Injection Wells Covered By This Permit	24	19