

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: DANIEL DK-5

Doc ID: 1561776

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=1561759	../../../../kcc/detail/operatorEditDetail.cfm?docID=1561776
Total BBL Injected	1895	0
Total BBL Injected in April	151	
Total BBL Injected in August	162	
Total BBL Injected in December	160	
Total BBL Injected in February	150	
Total BBL Injected in January	162	
Total BBL Injected in July	164	
Total BBL Injected in June	153	
Total BBL Injected in March	158	
Total BBL Injected in May	159	
Total BBL Injected in November	156	
Total BBL Injected in October	163	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in September	157	
Total Number of Injection Wells Covered By This Permit	24	19