

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<br>BBL | Maximum Fluid<br>Pressure | Total Gas Injected<br>MCF | Maximum Gas<br>Pressure | # Days of<br>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: BENTLEY 1

Doc ID: 1573952

Correction Number: 1

| Field Name                            | Previous Value | New Value  |
|---------------------------------------|----------------|------------|
| Date Accepted                         | 02/09/2021     | 06/01/2021 |
| Number of Days of Injection, April    | 0              | 30         |
| Number of Days of Injection, August   | 0              | 27         |
| Number of Days of Injection, December | 0              | 31         |
| Number of Days of Injection, February | 0              | 28         |
| Number of Days of Injection, January  | 0              | 31         |
| Number of Days of Injection, July     | 0              | 29         |
| Number of Days of Injection, June     | 0              | 30         |
| Number of Days of Injection, March    | 0              | 26         |
| Number of Days of Injection, May      | 0              | 31         |
| Number of Days of Injection, November | 0              | 30         |
| Number of Days of Injection, October  | 0              | 5          |

Summary of changes for correction 1 continued

| Field Name                             | Previous Value | New Value |
|--|----------------|-----------|
| Number of Days of Injection, September | 0              | 30        |
| Total BBL Injected                     | 0              | 6560      |
| Total BBL Injected in April            | 0              | 580       |
| Total BBL Injected in August           | 0              | 540       |
| Total BBL Injected in December         | 0              | 600       |
| Total BBL Injected in February         | 0              | 580       |
| Total BBL Injected in January          | 0              | 600       |
| Total BBL Injected in July             | 0              | 580       |
| Total BBL Injected in June             | 0              | 600       |
| Total BBL Injected in March            | 0              | 500       |
| Total BBL Injected in May              | 0              | 600       |
| Total BBL Injected in November         | 0              | 580       |
| Total BBL Injected in October          | 0              | 200       |

Summary of changes for correction 1 continued

| Field Name                      | Previous Value | New Value |
|---------------------------------|----------------|-----------|
| Total BBL Injected in September | 0              | 600       |