

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: BENTLEY 1

Doc ID: 1573919

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/01/2019	06/01/2021
Number of Days of Injection, April	0	25
Number of Days of Injection, August	0	31
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	29
Number of Days of Injection, May	0	20
Number of Days of Injection, November	0	30
Number of Days of Injection, October	0	30

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, September	0	30
Flagged	No	Yes
Operator's Area Code	405	903
Operator's Contact Name	Julie Lewis	Tammy Andrea
Operator's Phone	751-1414	786-9300
Total BBL Injected	0	6900
Total BBL Injected in April	0	500
Total BBL Injected in August	0	600
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	580

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in March	0	580
Total BBL Injected in May	0	460
Total BBL Injected in November	0	600
Total BBL Injected in October	0	620
Total BBL Injected in September	0	600