

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 | _____ | _____ | _____ | _____ | _____ |
| | TOTAL | _____ | _____ | _____ | _____ | _____ |

Submitted Electronically

Summary of Changes

Lease Name and Number: GORDON 1 A

Doc ID: 1605786

Correction Number: 1

| Field Name | Previous Value | New Value |
|--|----------------|-----------|
| Number of Days of Injection, April | 30 | |
| Number of Days of Injection, August | 31 | |
| Number of Days of Injection, February | 28 | |
| Number of Days of Injection, January | 31 | |
| Number of Days of Injection, July | 31 | |
| Number of Days of Injection, June | 30 | |
| Number of Days of Injection, March | 31 | |
| Number of Days of Injection, May | 31 | |
| Number of Days of Injection, September | 30 | |
| Maximum Fluid Pressure, April | 300 | |
| Maximum Fluid Pressure, August | 300 | |
| Maximum Fluid Pressure, February | 300 | |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|-----------------------------------|----------------|-----------|
| Maximum Fluid Pressure, January | 300 | |
| Maximum Fluid Pressure, July | 300 | |
| Maximum Fluid Pressure, June | 300 | |
| Maximum Fluid Pressure, March | 300 | |
| Maximum Fluid Pressure, May | 300 | |
| Maximum Fluid Pressure, September | 300 | |
| Total BBL Injected | 4360 | 1042 |
| Total BBL Injected in April | 364 | |
| Total BBL Injected in August | 389 | |
| Total BBL Injected in February | 335 | |
| Total BBL Injected in January | 324 | |
| Total BBL Injected in July | 402 | |
| Total BBL Injected in June | 354 | |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|---------------------------------|----------------|-----------|
| Total BBL Injected in March | 378 | |
| Total BBL Injected in May | 378 | |
| Total BBL Injected in September | 394 | |