## CORRECTION #1

KOLAR Document ID: 1606604

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.

OPEF	RATOR: License # _		1	API No.:		
Name:				Permit No:		
				City:		State: Zip:
Contact Person:  Phone: ()  Lease Name:				(Q/Q/Q/Q)	feet from N / S Line of Section	
				County:		
Well I	Number:					
	Type (Pick one): Source: Quality: Tota	Fresh Water Produced Water I Dissolved Solids:	☐ Treated Brine ☐ Other (Attach list) mg/l Specific Grav	Untreated Brine	☐ Water/Brine	
		d Injection Pressure:d				
	Total Number of Enh	anced 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					

## Summary of Changes

Lease Name and Number: KORTE FARMS D-2

Doc ID: 1606604

Correction Number: 1

Field Name **New Value Previous Value Date Accepted** 01/11/2022 01/12/2022 Total BBL Injected 110200 7400 Total BBL Injected in 9200 April Total BBL Injected in 9200 August Total BBL Injected in 9200 December 2200 Total BBL Injected in 9000 February Total BBL Injected in 9200 4100 January Total BBL Injected in 9200 July Total BBL Injected in 9200 June Total BBL Injected in 9200 1100 March Total BBL Injected in 9200 May

9200

Total BBL Injected in

November

## Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	9200	
Total BBL Injected in September	9200	

