CORRECTION #1

KOLAR Document ID: 1608508

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 # _			API No.:			
Name:				Permit No:			
							Address 2:
		State: Zip:			SecS. I	R	
				(Q/Q/Q/Q)	feet from N /		
					feet from E /		
Phone: ()				County:			
				County.			
VVCIII	Number.						
l. Inj	jection Fluid:						
	Type (Pick one):	Fresh Water	Treated Brine	Untreated Brine	Water/Brine		
	Source:	Produced Water	Other (Attach list)				
	Quality: Tota	Il Dissolved Solids:	mg/l Specific Grav	rity: Additives:			
	(Attach water analys	sis, if available)					
	ell Data:						
		d Injection Pressure:					
	Maximum Authorized Injection Rate: barrels per day Total Number of Enhanced Recovery Injection Wells Covered by this Permit: (Include TA's)						
	lotal Number of Enn	nanced Recovery Injection Wells	Covered by this Permit: _	(Include IA'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: COLYER 9

Doc ID: 1608508

Correction Number: 1

Field Name	Previous Value	New Value
Total BBL Injected	2	69443
Total BBL Injected in April	0	4336
Total BBL Injected in August	0	9571
Total BBL Injected in December	0	7719
Total BBL Injected in February	0	911
Total BBL Injected in July	0	4927
Total BBL Injected in June	0	8486
Total BBL Injected in March	0	3
Total BBL Injected in May	0	10250
Total BBL Injected in November	0	6248
Total BBL Injected in October	0	8759
Total BBL Injected in September	0	8231