## KOLAR Document ID: 1627760

## 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 #				API No.:									
							City: _		State: Zip:	+	<u> </u>	Sec TwpS.	R EW
							Conta	ct Person:			(Q/Q/Q/Q) 	feet from N /	S Line of Section
							Phone	e: ()				feet from E /	W Line of Section
Lease Name:				County:									
Well N	lumber:												
Ţ	<b>ection Fluid:</b> Type <i>(Pick one)</i> : Source: Quality: Total	Fresh Water  Produced Water  Dissolved Solids:	<ul> <li>Treated Brine</li> <li>Other (Attach list)</li> <li>mg/l Specific Gra</li> </ul>	Untreated Brine	Water/Brine								
(	Attach water analysi	is, if available)											
ſ	Maximum Authorized	I Injection Pressure:	barrels per c	lay									
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												

## Submitted Electronically

TOTAL