

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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

Submitted Electronically

## Summary of Changes

Lease Name and Number: SMITH 4

Doc ID: 1661082

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/28/2022	08/18/2022
Number of Days of Injection, April	30	
Number of Days of Injection, August	31	
Number of Days of Injection, December	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, November	30	
Number of Days of Injection, October	31	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, September	30	
Flagged	No	Yes
Total BBL Injected	730000	0
Total BBL Injected in April	60000	0
Total BBL Injected in August	62000	0
Total BBL Injected in December	62000	0
Total BBL Injected in February	56000	0
Total BBL Injected in January	62000	0
Total BBL Injected in July	62000	0
Total BBL Injected in June	60000	0
Total BBL Injected in March	62000	0
Total BBL Injected in May	62000	0
Total BBL Injected in November	60000	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	62000	0
Total BBL Injected in September	60000	0