CORRECTION #1

KOLAR Document ID: 1661214

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:		
				City:		State: Zip:
		·		(Q/Q/Q/Q)	feet from N / S Line of Sectio	
Phone: ()					feet from E / W Line of Sectio	
				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: JACQUART 2

Doc ID: 1661214

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/08/2022	08/19/2022
Maximum Fluid Pressure, April	500	0
Maximum Fluid Pressure, August	500	0
Maximum Fluid Pressure, December	500	0
Maximum Fluid Pressure, February	500	0
Maximum Fluid Pressure, January	100	0
Maximum Fluid Pressure, July	500	0
Maximum Fluid Pressure, June	500	0
Maximum Fluid Pressure, March	500	0
Maximum Fluid Pressure, May	500	0
Maximum Fluid Pressure, November	500	0
Maximum Fluid Pressure, October	500	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	500	0