## CORRECTION #1

KOLAR Document ID: 1662326

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.:                   |                         |                        |  |
|-----------------------------|--|---|---------------------------|----------------------------|-------------------------|------------------------|--|
|                             |  |   |                           |                            |                         |                        |  |
|                             |  |   |                           |                            |                         |                        |  |
|                             |  |   |                           | (January 1 to December 31) |                         |                        |  |
|                             |  | State: Zip:                                     |                           |                            | SecS.                   | R                      |  |
| Contact Person:             |  |   |                           | (0/0/0/0)                  |                         |                        |  |
| Phone                       | e: ( )                                   |   |                           |                            | feet from E /           |                        |  |
|                             | ,  |   |                           | County:                    |                         |                        |  |
| Well N                      | Number:                                  |   |                           | ,                          |                         |                        |  |
|                             |  |   |                           |                            |                         |                        |  |
|                             | ection Fluid:  Type (Pick one):  Source: | Fresh Water                                     | ☐ Treated Brine           | Untreated Brine            | Water/Brine             |                        |  |
|                             |  |   |                           | ravity: Additives:         |                         |                        |  |
|                             | (Attach water analys                     |   |                           |                            |                         |                        |  |
|                             |  |   |                           |                            |                         |                        |  |
|                             |  | d Injection Rate:anced Recovery Injection Wells |                           |                            |                         |                        |  |
| III.                        | Month:                                   | Total Fluid Injected<br>BBL                     | Maximum Fluid<br>Pressure | Total Gas Injected<br>MCF  | Maximum Gas<br>Pressure | # Days of<br>Injection |  |
|                             | January                                  |   |                           |                            |                         |                        |  |
|                             | February                                 |   |                           |                            |                         |                        |  |
|                             | March                                    |   |                           |                            |                         |                        |  |
|                             | April                                    |   |                           |                            |                         |                        |  |
|                             | May                                      |   |                           |                            |                         |                        |  |
|                             | June                                     |   |                           |                            |                         |                        |  |
|                             | July                                     |   |                           |                            |                         |                        |  |
|                             | August                                   |   |                           |                            |                         |                        |  |
|                             | September                                |   |                           |                            |                         |                        |  |
|                             | October                                  |   |                           |                            |                         |                        |  |
|                             | November                                 |   |                           |                            |                         |                        |  |
|                             | December                                 |   |                           |                            |                         |                        |  |
|                             | TOTAL                                    |   |                           |                            |                         |                        |  |

## Summary of Changes

Lease Name and Number: ROBERTS 1 A

Doc ID: 1662326

Correction Number: 1

| Field Name                     | Previous Value | New Value  |
|--------------------------------|----------------|------------|
| Date Accepted                  | 02/14/2022     | 08/29/2022 |
| Total BBL Injected             | 1830           | 1460       |
| Total BBL Injected in April    | 150            | 120        |
| Total BBL Injected in August   | 155            | 124        |
| Total BBL Injected in December | 155            | 124        |
| Total BBL Injected in February | 145            | 112        |
| Total BBL Injected in January  | 155            | 124        |
| Total BBL Injected in July     | 155            | 124        |
| Total BBL Injected in June     | 150            | 120        |
| Total BBL Injected in March    | 155            | 124        |
| Total BBL Injected in May      | 155            | 124        |
| Total BBL Injected in November | 150            | 120        |

## Summary of changes for correction 1 continued

| Field Name                         | Previous Value | New Value |
|------------------------------------|----------------|-----------|
| Total BBL Injected in October      | 155            | 124       |
| Total BBL Injected in<br>September | 150            | 120       |