

Form U3C
June 2015
Form must be Typed
Form must be completed
on a per well basis

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

OPERATOR: License # _____	API No.: _____
Name: _____	Permit No: _____
Address 1: _____	Reporting Year: _____
Address 2: _____	(January 1 to December 31)
City: _____ State: _____ Zip: _____ + _____	_____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ E ☐ W
Contact Person: _____	(a/a/a/a) _____ feet from ☐ N / ☐ S Line of Section
Phone: (_____) _____	_____ feet from ☐ E / ☐ W Line of Section
Lease Name: _____	County: _____
Well Number: _____	

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					
	TOTAL					

Submitted Electronically