

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/BrineSource: 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

Summary of Changes

Lease Name and Number: KNABE C 32-6

New Doc ID: 1695503

Parent Doc ID: 1683534

Correction Number: 1

| Field Name | Previous Value | New Value |
|---------------------------------------|----------------|------------|
| Date Accepted | 02/18/2023 | 02/20/2023 |
| 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 |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|--|----------------|-----------|
| Number of Days of Injection, October | | 31 |
| Number of Days of Injection, September | | 30 |
| Total BBL Injected | 0 | 1072 |
| Total BBL Injected in April | | 80 |
| Total BBL Injected in August | | 96 |
| Total BBL Injected in December | | 106 |
| Total BBL Injected in February | | 95 |
| Total BBL Injected in January | | 97 |
| Total BBL Injected in July | | 81 |
| Total BBL Injected in June | | 70 |
| Total BBL Injected in March | | 80 |
| Total BBL Injected in May | | 79 |
| Total BBL Injected in November | | 99 |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|---------------------------------|----------------|-----------|
| Total BBL Injected in October | | 95 |
| Total BBL Injected in September | | 94 |