

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: RENNER W-10

New Doc ID: 1702646

Parent Doc ID: 1702625

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/03/2023	03/06/2023
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	500	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

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	500	0
Maximum Fluid Pressure, September	500	0
Total BBL Injected	2630	0
Total BBL Injected in April	210	0
Total BBL Injected in August	230	0
Total BBL Injected in December	230	0
Total BBL Injected in February	200	0
Total BBL Injected in January	230	0
Total BBL Injected in July	230	0
Total BBL Injected in June	210	0
Total BBL Injected in March	220	0
Total BBL Injected in May	230	0
Total BBL Injected in November	210	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	220	0
Total BBL Injected in September	210	0