

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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

2023	VORAN H	Days On
JANUARY	14725	31
FEBRUAR	13300	28
MARCH	14725	31
APRIL	14250	30
MAY	14725	31
JUNE	14250	30
JULY	14725	31
AUGUST	14725	31
SEPTEMB	14250	30
OCTOBER	14725	31
NOVEMBER	14250	30
DECEMBE	14725	31
	173375	

CAMPBELL 1	CAMPBELL 2	VORAN C	VORAN G1	VORAN G2	VORAN G3	YOUNG D1	YOUNG D2	VORAN D2	VORAN D1	VORAN D4	HANDKINS	GRABER 1	GRABER 2	GRABER 3		
200	39	156	35	0	36	14	31	33	30	8	10	28	26	29		
6200	1209	4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	14725	JAN
5600	1092	4368	980	0	1008	392	868	924	840	224	280	784	728	812	13300	FEB
6200	1209	4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	14725	MAR
6000	1170	4680	1050	0	1080	420	930	990	900	240	300	840	780	870	14250	APR
6200	1209	4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	14725	MAY
6000	1170	4680	1050	0	1080	420	930	990	900	240	300	840	780	870	14250	JUN
6200	1209	4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	14725	JUL
6200	1209	4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	14725	AUG
6000	1170	4680	1050	0	1080	420	930	990	900	240	300	840	780	870	14250	SEPT
6200	1209	4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	14725	OCT
6000	1170	4680	1050	0	1080	420	930	990	900	240	300	840	780	870	14250	NOV
6200	1209	4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	14725	DEC
															173375	TOTAL

(PER DON - 1/29/2024)