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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.

Name:					API No.:		
Address 2:	Address				Permit No:		
Address 2:		s 1:			Reporting Year:		
Contact Person:	Addres	s 2:				(January 1 to Decembe	er 31)
Contact Person:	City:		State: Zip:	+		Sec TwpS.	R EW
Lease Name: County: Well Number: County: ''Well Number: ''Presh Water ''Dreated Brine Untreated Brine ''Well Outaity: ''Dreated Brine ''Untreated Dissolved Solids: ''Dreated Brine ''Untreated Dissolved Solids: ''mg/' ''Maximum Authorized Injection Pressure: ''mg/' ''Maximum Authorized Injection Pressure: psi ''Maximum Authorized Injection Rate: ''mg/' ''Data Number of Enhanced Recovery Injection Wells Covered by this Permit: (Include TA's) III. Month: Total Fluid Injected Maximum Fluid Total Gas injected Maximum Gas # Days of injection ''January	Contact	t Person:				feet from N /	S Line of Section
Well Number: Image: Construction of the image: Constructing of the image: Construction of the image: Construct	Phone:	()				feet from E /	W Line of Section
In Injection Fluid:	Lease I	Name:			County:		
Type (Pick one): Produced Water Other (Attach list) Quality: Total Dissolved Solids: mg/l Specific Gravity: Additives: (Attach water analysis, if available) mg/l Specific Gravity: Additives: II. Well Data: psi Injection Zone: mg/l Specific Gravity: mg/l Specific Jone: Maximum Authorized Injection Pressure: psi Injection Zone: maximum Authorized Injection Rate: maximum Jone: maximum Authorized Injection Wells Covered by this Permit: (Include TA's) III. Month: Total Fluid Injected Maximum Fluid Total Gas Injected Maximum Gas # Days of Injection January maximum Authorized Injected BBL Maximum Fluid Total Gas Injected MCF Maximum Gas # Days of Injection January maximum Gas # Days of Injection maximum Gas # Days of Injection March maximum Gas # Days of Injection March	Well Nu	ımber:					
Type (Pick one): Produced Water Other (Attach list) Quality: Total Dissolved Solids: mg/l Specific Gravity: Additives: (Attach water analysis, if available) mg/l Specific Gravity: Additives: II. Well Data: psi Injection Zone: mg/l Specific Gravity: mg/l Specific Jone: Maximum Authorized Injection Pressure: psi Injection Zone: maximum Authorized Injection Rate: maximum Jone: maximum Authorized Injection Wells Covered by this Permit: (Include TA's) III. Month: Total Fluid Injected Maximum Fluid Total Gas Injected Maximum Gas # Days of Injection January maximum Authorized Injected BBL Maximum Fluid Total Gas Injected MCF Maximum Gas # Days of Injection January maximum Gas # Days of Injection maximum Gas # Days of Injection March maximum Gas # Days of Injection March							
(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 # Days of Injection January	Ту	vpe (Pick one):				Water/Brine	
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 Maximum Fluid Pressure Total Gas Injected Maximum Gas # Days of Injection January	Q	uality: Tota	Dissolved Solids:	mg/l Specific Gra	vity: Additives:		
Maximum Authorized Injection Pressure:	(A	Attach water analys	is, if available)				
BBLPressureMCFPressureInjectionJanuary							
February	Тс	otal Number of Enh					
March			anced Recovery Injection Wells	Covered by this Permit:	(Include TA's)		
April		Month:	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
May		Month: January	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
July		Month: January February	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
July		Month: January February March	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
		Month: January February March April	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
August		Month: January February March April May	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
		Month: January February March April May June July	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
September		Month: January February March April May June July August	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
		Month: January February March April May June July August September	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection
November		Month: January February March April May June July August September October	anced Recovery Injection Wells Total Fluid Injected BBL	Covered by this Permit: _ Maximum Fluid Pressure	(Include TA's) Total Gas Injected MCF	Pressure	Injection

Submitted Electronically

TOTAL