

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	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

Submitted Electronically

## Summary of Changes

Lease Name and Number: BONNETT W 1

New Doc ID: 1770320

Parent Doc ID: 1749058

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/27/2024	03/29/2024
Number of Days of Injection, April	30	0
Number of Days of Injection, August	31	0
Number of Days of Injection, December	31	0
Number of Days of Injection, February	28	0
Number of Days of Injection, January	31	0
Number of Days of Injection, July	31	0
Number of Days of Injection, June	30	0
Number of Days of Injection, March	31	0
Number of Days of Injection, May	31	0
Number of Days of Injection, November	30	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, October	31	0
Number of Days of Injection, September	30	0
Maximum Fluid Pressure, April	120	0
Maximum Fluid Pressure, August	120	0
Maximum Fluid Pressure, December	120	0
Maximum Fluid Pressure, February	120	0
Maximum Fluid Pressure, January	120	0
Maximum Fluid Pressure, July	120	0
Maximum Fluid Pressure, June	120	0
Maximum Fluid Pressure, March	120	0
Maximum Fluid Pressure, May	120	0
Maximum Fluid Pressure, November	120	0
Maximum Fluid Pressure, October	120	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, September	120	0
Total BBL Injected	87600	0
Total BBL Injected in April	7200	0
Total BBL Injected in August	7440	0
Total BBL Injected in December	7440	0
Total BBL Injected in February	6720	0
Total BBL Injected in January	7440	0
Total BBL Injected in July	7440	0
Total BBL Injected in June	7200	0
Total BBL Injected in March	7440	0
Total BBL Injected in May	7440	0
Total BBL Injected in November	7200	0
Total BBL Injected in October	7440	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in September	7200	0