

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	_____	_____	_____	_____	_____

Summary of Changes

Lease Name and Number: YOUNG A 6

New Doc ID: 1774147

Parent Doc ID: 1771514

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	04/04/2024	04/22/2024
Number of Days of Injection, April	30	
Number of Days of Injection, August	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, October	31	
Number of Days of Injection, September	30	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, April	400	
Maximum Fluid Pressure, August	450	
Maximum Fluid Pressure, February	500	
Maximum Fluid Pressure, January	500	
Maximum Fluid Pressure, July	500	
Maximum Fluid Pressure, June	500	
Maximum Fluid Pressure, March	600	
Maximum Fluid Pressure, May	500	
Maximum Fluid Pressure, October	500	
Maximum Fluid Pressure, September	600	
Total BBL Injected	205844	28872
Total BBL Injected in April	11626	
Total BBL Injected in August	24599	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in February	12789	
Total BBL Injected in January	12554	
Total BBL Injected in July	20871	
Total BBL Injected in June	17723	
Total BBL Injected in March	15125	
Total BBL Injected in May	13512	
Total BBL Injected in October	23652	
Total BBL Injected in September	24521	