

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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: Nybro 1-I

New Doc ID: 1802526

Parent Doc ID: 1293819

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/01/2016	11/08/2024
Number of Days of Injection, April		30
Number of Days of Injection, August		31
Number of Days of Injection, December		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, November		30

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, October		31
Number of Days of Injection, September		30
Flagged	No	Yes
Maximum Fluid Pressure, April		600
Maximum Fluid Pressure, August		600
Maximum Fluid Pressure, December		600
Maximum Fluid Pressure, February		600
Maximum Fluid Pressure, January		600
Maximum Fluid Pressure, July		600
Maximum Fluid Pressure, June		600
Maximum Fluid Pressure, March		600
Maximum Fluid Pressure, May		600
Maximum Fluid Pressure, November		600

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October		600
Maximum Fluid Pressure, September		600
Total BBL Injected	0	8030
Total BBL Injected in April	0	660
Total BBL Injected in August	0	682
Total BBL Injected in December	0	682
Total BBL Injected in February	0	616
Total BBL Injected in January	0	682
Total BBL Injected in July	0	682
Total BBL Injected in June	0	660
Total BBL Injected in March	0	682
Total BBL Injected in May	0	682
Total BBL Injected in November	0	660

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	0	682
Total BBL Injected in September	0	660