

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: VICTORY LANSING A UNIT 401W

New Doc ID: 1802715

Parent Doc ID: 1747447

Correction Number: 1

| Field Name | Previous Value | New Value |
|--------------------------------|----------------|------------|
| Date Accepted | 01/31/2024 | 11/12/2024 |
| Total BBL Injected | 170728 | 109414 |
| Total BBL Injected in April | 14572 | 8990 |
| Total BBL Injected in August | 13401 | 9315 |
| Total BBL Injected in December | 16195 | 9292 |
| Total BBL Injected in February | 12659 | 8398 |
| Total BBL Injected in January | 14878 | 9258 |
| Total BBL Injected in July | 14492 | 9287 |
| Total BBL Injected in June | 14253 | 8995 |
| Total BBL Injected in March | 15226 | 9289 |
| Total BBL Injected in May | 14725 | 9299 |

Summary of changes for correction 1 continued

| Field Name | Previous Value | New Value |
|---------------------------------|----------------|-----------|
| Total BBL Injected in November | 12961 | 8996 |
| Total BBL Injected in October | 13683 | 9298 |
| Total BBL Injected in September | 13683 | 8997 |