

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	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: GEORGE GREVE 6-1 SWD

New Doc ID: 1808784

Parent Doc ID: 1757585

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/20/2024	01/02/2025
Flagged	No	Yes
Maximum Fluid Pressure, April	290	140
Maximum Fluid Pressure, August	290	140
Maximum Fluid Pressure, December	0	140
Maximum Fluid Pressure, February	290	140
Maximum Fluid Pressure, January	290	140
Maximum Fluid Pressure, July	290	140
Maximum Fluid Pressure, June	290	140
Maximum Fluid Pressure, March	290	140
Maximum Fluid Pressure, May	290	140

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, November	290	140
Maximum Fluid Pressure, October	290	140
Maximum Fluid Pressure, September	290	140
Total BBL Injected	915000	354000
Total BBL Injected in April	75000	29500
Total BBL Injected in August	77500	29500
Total BBL Injected in December	77500	29500
Total BBL Injected in February	72500	29500
Total BBL Injected in January	77500	29500
Total BBL Injected in July	77500	29500
Total BBL Injected in June	75000	29500
Total BBL Injected in March	77500	29500
Total BBL Injected in May	77500	29500

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	75000	29500
Total BBL Injected in October	77500	29500
Total BBL Injected in September	75000	29500