

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

Submitted Electronically

## Summary of Changes

Lease Name and Number: REIDA SWD 2-A

New Doc ID: 1809455

Parent Doc ID: 1765330

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	04/03/2024	01/16/2025
Flagged	No	Yes
Maximum Fluid Pressure, April	25	
Maximum Fluid Pressure, August	25	
Maximum Fluid Pressure, December	25	
Maximum Fluid Pressure, February	25	
Maximum Fluid Pressure, January	25	
Maximum Fluid Pressure, July	25	
Maximum Fluid Pressure, June	25	
Maximum Fluid Pressure, March	25	
Maximum Fluid Pressure, May	25	

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, November	25	
Maximum Fluid Pressure, October	25	
Maximum Fluid Pressure, September	25	
Maximum Gas Pressure, April		0
Maximum Gas Pressure, August		0
Maximum Gas Pressure, December		0
Maximum Gas Pressure, February		0
Maximum Gas Pressure, January		0
Maximum Gas Pressure, July		0
Maximum Gas Pressure, June		0
Maximum Gas Pressure, March		0
Maximum Gas Pressure, May		0
Maximum Gas Pressure, November		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Gas Pressure, October		0
Maximum Gas Pressure, September		0
Total BBL Injected	858696	448905
Total BBL Injected in April	71558	35867
Total BBL Injected in August	71558	39201
Total BBL Injected in December	71558	38368
Total BBL Injected in February	71558	34709
Total BBL Injected in January	71558	37806
Total BBL Injected in July	71558	33827
Total BBL Injected in June	71558	40078
Total BBL Injected in March	71558	37675
Total BBL Injected in May	71558	42241
Total BBL Injected in November	71558	36343

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	71558	35971
Total BBL Injected in September	71558	36819
Total MCF Injected in April		0
Total MCF Injected in August		0
Total MCF Injected in December		0
Total MCF Injected in February		0
Total MCF Injected in January		0
Total MCF Injected in July		0
Total MCF Injected in June		0
Total MCF Injected in March		0
Total MCF Injected in May		0
Total MCF Injected in November		0
Total MCF Injected in October		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total MCF Injected in September		0