CORRECTION #1

KOLAR Document ID: 1812236

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.

OPEF	RATOR: License # _			API No.:			
Name:				Permit No:			
Address 1:				Reporting Year:			
				(January 1 to December 31)			
City:		State: Zip:	+		Sec Twp S.	R	
Contact Person:				(Q/Q/Q/Q)	feet from N / S Line of Section		
				County:			
Well I	Number:						
	Type (Pick one): Source: Quality: Tota	Fresh Water Produced Water I Dissolved Solids:	☐ Treated Brine ☐ Other (Attach list) mg/l Specific Grav	Untreated Brine	☐ Water/Brine		
		d Injection Pressure:d					
	Total Number of Enh	anced 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: HARRIS 6

New Doc ID: 1812236
Parent Doc ID: 1812226
Correction Number: 1

Previous Value	New Value
01/17/2025	01/21/2025
54168	10980
4440	900
4588	930
4588	930
4292	870
4588	930
4588	930
4440	900
4588	930
4588	930
	01/17/2025 54168 4440 4588 4588 4588 4588 4440 4588

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November	4440	900
Total BBL Injected in October	4588	930
Total BBL Injected in September	4440	900