

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

2024	VORAN H	Days On
JANUARY	13516	31
FEBRUAR	12644	29
MARCH	13516	31
APRIL	13080	30
MAY	13516	31
JUNE	13080	30
JULY	13516	31
AUGUST	13516	31
SEPTEMB	13080	30
OCTOBER	13516	31
NOVEMBE	13080	30
DECEMBE	13516	31
	159576	

VORAN C	VORAN G1	VORAN G2	VORAN G3	YOUNG D1	YOUNG D2	VORAN D2	VORAN D1	VORAN D4	HANDKINS	GRABER 1	GRABER 2	GRABER 3	
156	35	0	36	14	31	33	30	8	10	28	26	29	
4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	13516 JAN
4524	1015	0	1044	406	899	957	870	232	290	812	754	841	12644 FEB
4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	13516 MAR
4680	1050	0	1080	420	930	990	900	240	300	840	780	870	13080 APR
4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	13516 MAY
4680	1050	0	1080	420	930	990	900	240	300	840	780	870	13080 JUN
4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	13516 JUL
4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	13516 AUG
4680	1050	0	1080	420	930	990	900	240	300	840	780	870	13080 SEPT
4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	13516 OCT
4680	1050	0	1080	420	930	990	900	240	300	840	780	870	13080 NOV
4836	1085	0	1116	434	961	1023	930	248	310	868	806	899	13516 DEC
													159576 TOTAL

(PER DON - 1/28/2025)