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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:				API No.:									
							City: _		State: Zip:			Sec TwpS.	R E 🗌 W
							Contact Person: Phone: () Lease Name:				(Q/Q/Q/Q) 	feet from N / S Line of Section	
											feet from E / W Line of Section		
Well N	lumber:												
			I										
-	ection Fluid:		Treated Drive										
	Type (Pick one): Fresh Water Treated Brine Source: Produced Water Other (Attach I		Other (Attach list)	Untreated Brine	Water/Brine								
Source: Produced Water Other (Attach list) Quality: Total Dissolved Solids: mg/l Specific Gravity: Additives:													
	(Attach water analys			Additives.									
		-,											
II We	ell Data:												
		d Injection Pressure:		psi Injection Zone:									
		d Injection Rate:											
		anced Recovery Injection Wells											
III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection							
	lopuory					-							
	January February												
	March												
	April												
	May												
	June												
	July												
	August												
	September												
	October												
	November												
	December												

Submitted Electronically

TOTAL