

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm U3C
June 2015Form must be Typed
Form must be completed
on a per well basisANNUAL 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
(Q/Q/Q/Q) _____ 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/BrineSource: 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: DANIELS 3

New Doc ID: 1771999

Parent Doc ID: 1759252

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/22/2024	02/12/2025
Number of Days of Injection, December		1
Number of Days of Injection, November		2
Number of Days of Injection, October		2
Number of Days of Injection, September		1
Flagged	No	Yes
Total BBL Injected	0	50
Total BBL Injected in December		10
Total BBL Injected in November		20
Total BBL Injected in October		15
Total BBL Injected in September		5