

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

Submitted Electronically

## Summary of Changes

Lease Name and Number: WERTH 7

New Doc ID: 1833473

Parent Doc ID: 1825771

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/18/2025	03/11/2025
Number of Days of Injection, April	1	0
Number of Days of Injection, August	1	0
Number of Days of Injection, December	1	0
Number of Days of Injection, February	1	0
Number of Days of Injection, January	1	0
Number of Days of Injection, July	1	0
Number of Days of Injection, June	1	0
Number of Days of Injection, March	1	0
Number of Days of Injection, May	1	0
Number of Days of Injection, November	1	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, October	1	0
Number of Days of Injection, September	1	0
Total BBL Injected	12	0
Total BBL Injected in April	1	0
Total BBL Injected in August	1	0
Total BBL Injected in December	1	0
Total BBL Injected in February	1	0
Total BBL Injected in January	1	0
Total BBL Injected in July	1	0
Total BBL Injected in June	1	0
Total BBL Injected in March	1	0
Total BBL Injected in May	1	0
Total BBL Injected in November	1	0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in October	1	0
Total BBL Injected in September	1	0