

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: BOXBERGER A 1 SWD DEEP

New Doc ID: 1858585

Parent Doc ID: 1843521

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	05/15/2025	09/02/2025
Number of Days of Injection, April		20
Number of Days of Injection, August		20
Number of Days of Injection, December		20
Number of Days of Injection, February		20
Number of Days of Injection, January		20
Number of Days of Injection, July		20
Number of Days of Injection, June		20
Number of Days of Injection, March		20
Number of Days of Injection, May		20
Number of Days of Injection, November		22

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, October		21
Number of Days of Injection, September		20
Injection Fluid Type	FreshWater	WaterBrine
Total BBL Injected	0	74200
Total BBL Injected in April		6000
Total BBL Injected in August		6100
Total BBL Injected in December		6200
Total BBL Injected in February		6200
Total BBL Injected in January		6300
Total BBL Injected in July		6000
Total BBL Injected in June		6100
Total BBL Injected in March		6200
Total BBL Injected in May		6100

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in November		6300
Total BBL Injected in October		6400
Total BBL Injected in September		6300