

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	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Submitted Electronically

Summary of Changes

Lease Name and Number: BOXBERGER A 1 SWD DEEP

New Doc ID: 1858584

Parent Doc ID: 1763259

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/28/2024	09/02/2025
Number of Days of Injection, April		21
Number of Days of Injection, August		19
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		20

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Number of Days of Injection, October		20
Number of Days of Injection, September		20
Flagged	No	Yes
Injection Fluid Type	FreshWater	WaterBrine
Total BBL Injected	0	74750
Total BBL Injected in April		6450
Total BBL Injected in August		6050
Total BBL Injected in December		6200
Total BBL Injected in February		6250
Total BBL Injected in January		6200
Total BBL Injected in July		6100
Total BBL Injected in June		6200
Total BBL Injected in March		6300

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in May		6200
Total BBL Injected in November		6300
Total BBL Injected in October		6300
Total BBL Injected in September		6200