

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/Brine
Source: ☐ 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: CHRISTENSON 2

New Doc ID: 1876924

Parent Doc ID: 1876914

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	01/14/2026	01/15/2026
Number of Days of Injection, April		30
Number of Days of Injection, August		30
Number of Days of Injection, December		31
Number of Days of Injection, July		31
Number of Days of Injection, June		30
Number of Days of Injection, March		31
Number of Days of Injection, May		31
Number of Days of Injection, November		30
Number of Days of Injection, October		31
Number of Days of Injection, September		30

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in April		0
Total BBL Injected in August		0
Total BBL Injected in December		0
Total BBL Injected in July		0
Total BBL Injected in June		0
Total BBL Injected in March		0
Total BBL Injected in May		0
Total BBL Injected in November		0
Total BBL Injected in October		0
Total BBL Injected in September		0
Total MCF Injected in April		0
Total MCF Injected in August		0
Total MCF Injected in December		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total MCF Injected in July		0
Total MCF Injected in June		0
Total MCF Injected in March		0
Total MCF Injected in May		0
Total MCF Injected in November		0
Total MCF Injected in October		0
Total MCF Injected in September		0