

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: WEST MADDIX UNIT 6 WIW

New Doc ID: 1876923

Parent Doc ID: 1876911

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
Maximum Fluid Pressure, April		0
Maximum Fluid Pressure, August		0
Maximum Fluid Pressure, December		0
Maximum Fluid Pressure, July		0
Maximum Fluid Pressure, June		0
Maximum Fluid Pressure, March		0
Maximum Fluid Pressure, May		0
Maximum Fluid Pressure, November		0
Maximum Fluid Pressure, October		0
Maximum Fluid Pressure, September		0
Total BBL Injected in April		0
Total BBL Injected in August		0
Total BBL Injected in December		0

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
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