

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: SUTHERLAND 7

New Doc ID: 1894909

Parent Doc ID: 1894906

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	02/25/2026	02/26/2026
Maximum Fluid Pressure, April	350	300
Maximum Fluid Pressure, August	350	300
Maximum Fluid Pressure, December	350	300
Maximum Fluid Pressure, February	350	300
Maximum Fluid Pressure, January	350	300
Maximum Fluid Pressure, July	350	300
Maximum Fluid Pressure, June	350	300
Maximum Fluid Pressure, March	350	300
Maximum Fluid Pressure, May	350	300
Maximum Fluid Pressure, November	350	300

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Maximum Fluid Pressure, October	350	300
Maximum Fluid Pressure, September	350	300
Total BBL Injected	2725	2950
Total BBL Injected in August	220	250
Total BBL Injected in December	165	250
Total BBL Injected in July	230	250
Total BBL Injected in June	230	250
Total BBL Injected in May	240	250
Total BBL Injected in November	180	250
Total BBL Injected in October	200	250
Total BBL Injected in September	200	250