

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: NELSON 4

New Doc ID: 1934038

Parent Doc ID: 1834254

Correction Number: 1

Field Name	Previous Value	New Value
Date Accepted	03/16/2025	04/13/2026
Flagged	No	Yes
Operator's Area Code	816	785
Operator's City	ALMA	Lincolnvilve
Operator's Contact Name	Rodney Kristek	Ronald Kristek
Operator's Phone	645-8199	366-1177
Operator's Street Address - line 1	205 CEDAR CIRCLE COURT	2674 280th
Operator's Zip	66401	66858
Operator's Zip Plus 4	8807	
Total BBL Injected	13700	12850
Total BBL Injected in August	1150	1050

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Total BBL Injected in February	1100	1000
Total BBL Injected in January	1250	1200
Total BBL Injected in July	1150	1100
Total BBL Injected in June	1100	1050
Total BBL Injected in March	1050	1000
Total BBL Injected in May	1200	1050
Total BBL Injected in November	1150	1000
Total BBL Injected in October	1150	1000