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 #				API No.:		
		State: Zip:			Sec Twp S. I	R 🗆 E 🔲 '
Contact Person:				(a/a/a/a) feet from N / S Line of Section		
Phon	ne: ()				feet from E /	
	,			County:		
Well I	Number:			,		
	jection Fluid: Type (Pick one): Source: Quality: Total (Attach water analys.)		Treated Brine Other (Attach list) mg/l Specific Grav	Untreated Brine vity: Additives:	☐ Water/Brine	
	Maximum Authorized	I Injection Pressure: I Injection Rate: anced Recovery Injection Wells	barrels per d	ay		
III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January					
	February					
	March	- <u></u>		- <u></u>		
	April					
	May					
	June					
	July					
	August					
	September					
	October					
	November					
	December					
	TOTAL					