

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**ANNUAL REPORT OF PRESSURE MONITORING,
FLUID INJECTION AND ENHANCED RECOVERY**

Form U3C
July 2014
Form must be Typed
Form must be completed
on a per well basis

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: _____

Permit Number: (E) (D) - _____
API No.: 15- _____
Reporting Period: _____
January 1, 20 _____ to December 31, 20 _____
_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ ☐ E ☐ W
(Q/Q/Q/Q)
_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section
Legal Description of Lease or Unit: _____
County: _____

If new operator, list previous operator: _____

I. Injection Fluid:

Type: ☐ 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:

Type Completion: ☐ Tubing & packer, packer setting depth: _____ feet; ☐ Packerless (tubing, but no packer); ☐ Tubingless
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 Volume Injected		# Days of Injection	Maximum Injection Pressure	Average Pressure Tubing/Casing Annulus
		BBL	MCF			
	January	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____			