

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 # _____ **A1**
Name: _____ **A2**
Address 1: _____ **A3**
Address 2: _____ **A3**
City: _____ **A3** State: _____ **A3** Zip: _____ **A3** + _____
Contact Person: _____ **A4**
Phone: (_____ **A5**) _____ **A5**
Lease Name: _____ **B1**
Well Number: _____ **B2**

API No.: _____ **B3**
Permit No.: _____ **B4**
Reporting Year: _____ **B5**
(January 1 to December 31)
B6 - _____ - _____ - _____ Sec. **B7** Twp. _____ S. R. _____ E W
(a/a/a/a) _____ **B8** feet from N / S Line of Section
_____ **B8** feet from E / W Line of Section
County: _____ **B9**

I. Injection Fluid:

Type (Pick one): **1a** Fresh Water Treated Brine Untreated Brine Water/Brine
Source: **1b** Produced Water Other (Attach list)
Quality: Total Dissolved Solids: _____ **1c** mg/l Specific Gravity: _____ **1d** Additives: _____ **1e**
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: _____ **2a** psi Injection Zone: _____ **2b**
Maximum Authorized Injection Rate: _____ **2c** barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ **2d** (Include TA's)

III.	Month:	3a Total Fluid Injected BBL	3b Maximum Fluid Pressure	3c Total Gas Injected MCF	3d Maximum Gas Pressure	3e # Days of Injection
	January	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

**ANNUAL REPORT OF PRESSURE MONITORING, FLUID INJECTION,
AND ENHANCED RECOVERY (FORM U3C)**
Instructions

General Instructions.

1. Form must be typed.
2. Must be completed on a per well basis.

Section A: Operator Information.

- A1. **License #.** Enter the operator's license number. To verify the KCC operator's license information, please check the Commission's website at http://kcc.ks.gov/conservation/oil_license.cgi or contact the Conservation Division's Licensing Department at (316) 337-6194.
- A2. **Operator Name.** Enter the operator's full name as it appears on operator's license.
- A3. **Operator Address.** Enter the operator's street or PO box number, city, state, and zip code.
- A4. **Contact Person.** Enter the name of the individual who will be the operator's contact person for this form should Conservation Division Staff need to contact the operator about the form. The contact person may be the operator or the operator's agent.
- A5. **Phone.** Enter the phone number of the contact person that the Conservation Division Staff may easily reach if necessary to discuss the form.

Section B: Lease, Well, Permit, and Location Information.

- B1. **Lease Name.** Enter the lease name of the well for which the operator is reporting injection data.
- B2. **Well Number.** Enter the well number of the well for which the operator is reporting injection data.
- B3. **API #.** Enter Assigned API Number for the well.
- B4. **Permit Number.** Write "(E)" for an enhanced recovery well or "(D)" for a disposal well, and enter the permit number under which the well permitted for injection operations.
- B5. **Reporting Year.** Enter the reporting year, which is the calendar year for which the operator is describing what occurred.
- B6. **QQQQ.** Enter the 1/4, 1/4, 1/4, 1/4 location of the well.
- B7. **Sec., Twp., R.** Enter the section, township, and range number and mark the appropriate box to indicate if the range is East or West of the Sixth Principal Meridian.
- B8. **Location.** Enter the number of feet the well is from the section lines, and mark the appropriate box to indicate whether the footages are from the North or South and East or West lines.
- B9. **County.** Enter the county where the subject well is located.

Section I: Injection Fluid.

- 1a. **Type.** Mark the appropriate box to indicate the type of fluid injected.
- 1b. **Source.** Mark the appropriate box to indicate the source of the injected fluid. If the source is "other", the operator must attach a list identifying the source(s) of the injected fluid.
- 1c. **Quality.** Enter the total dissolved solids content of the injected fluid in milligrams/liter and any additives to the injected fluid. If an analysis of the injected fluid is available, it should be attached to the U3C.
- 1d. **Specific Gravity.** Enter the injection fluid specific gravity.
- 1e. **Additives.** Enter a description of any additive(s) to the fluid before injection.

Section II: Well Data.

- 2a. **Maximum Authorized Injection Pressure.** Enter the maximum injection pressure the subject well is authorized for under its injection permit.
- 2b. **Injection Zone.** Enter the formation the subject well is authorized to inject into.
- 2c. **Maximum Authorized Injection Rate.** Enter the maximum injection rate the subject well is authorized for under its injection permit.
- 2d. **For Enhanced Recovery Projects Only.** Enter the total number of injection wells covered by the injection permit for the project. Include even those wells that are in an approved Temporary Abandonment status.

Section III: Injection Data.

- 3a. **Total Fluid Injected (BBL) Each Month.** Enter the amount of fluid (in barrels) injected into the subject well for each month of the reporting period. If you are completing the form on the Commission's website, the form will automatically calculate the total and enter the number at the bottom of the column. If you are typing the form on a typewriter, enter the total number of barrels in the blank at the bottom of the column.
- 3b. **Maximum Fluid Pressure.** Enter the maximum fluid pressure at the subject well head for each month of the reporting period.
- 3c. **Total Gas Injected (MCF) Each Month.** Enter the amount of gas (in thousand cubic feet) injected into the subject well for each month of the reporting period. If you are completing the form on the Commission's website, the form will automatically calculate the total and enter the number at the bottom of the column. If you are typing the form on a typewriter, enter the total mcf in the blank at the bottom of the column.
- 3d. **Maximum Gas Pressure.** Enter the maximum gas pressure at the subject well head for each month of the reporting period.
- 3e. **# Days of Injection.** Enter the number of days injection operations occurred at the subject well during each month of the reporting period.