1276398

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 # 30717
Name: Downing-Nelson Oil Co Inc
Address 1: PO BOX 1019
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Ron Nelson
Phone: (785) 621-2610
Lease Name: CONNIE
Well Number: 1-29

API No.: 15-195-22336-00-01
Permit No: D30417.0
Reporting Year: 2015
(January 1 to December 31)

____ - S2 - S2 - NE Sec. 29 Twp. 13 S. R. 21 ☐ E ☑ W
(Q/Q/Q/Q)
2530 feet from ☑ N / ☐ S Line of Section
1370 feet from ☑ E / ☐ W Line of Section
County: Trego

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: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 3000 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	6200	0	0		31
February	5900	0	0		28
March	5600	0	0		31
April	5400	0	0		30
May	5580	0	0		31
June	5400	0	0		30
July	5580	0	0		31
August	5580	0	0		31
September	5400	0	0		30
October	5580	0	0		31
November	5400	0	0		30
December	5580	0	0		31
TOTAL	67200		0		

Submitted Electronically