1285249

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 # 33543
Name: Morrison, Mark L.
Address 1: 1651 50TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5141
Contact Person: MARK L MORRISON
Phone: ( 620 ) 496-7674
Lease Name: KIMBERLIN
Well Number: KI-23

API No.: 15-205-28275-00-00
Permit No: E31457.6
Reporting Year: 2015
*(January 1 to December 31)*

NW - NE - SE - SW Sec. 3 Twp. 27 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
1183 feet from ☐ N / ☑ S Line of Section
3118 feet from ☑ E / ☐ W Line of Section
County: Wilson

**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: 450 psi Injection Zone: CATTLEMAN
Maximum Authorized Injection Rate: 200 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 7 *(Include TA's)*

**III.**

| Month: | Total Fluid Injected BBL | Maximum Fluid Pressure | Total Gas Injected MCF | Maximum Gas Pressure | # Days of Injection |
|---|---|---|---|---|---|
| January | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 372 | 375 | 0 | | 31 |
| April | 360 | 375 | 0 | | 30 |
| May | 372 | 375 | 0 | | 31 |
| June | 360 | 375 | 0 | | 30 |
| July | 372 | 375 | 0 | | 31 |
| August | 372 | 375 | 0 | | 31 |
| September | 360 | 375 | 0 | | 30 |
| October | 372 | 375 | 0 | | 31 |
| November | 360 | 375 | 0 | | 30 |
| December | 372 | 375 | 0 | | 31 |
| ***TOTAL*** | 3672 | | 0 | | |

Submitted Electronically