1287057

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 # 32322
Name: Roberts, Denis F.
Address 1: 3904 FAIRWAY DR
Address 2: BOX 1252
City: HAYS State: KS Zip: 67601 + 4700
Contact Person: denis roberts
Phone: (785) 625-8526
Lease Name: ZIEGLER
Well Number: 5

API No.: 15-179-20830-00-01
Permit No: D27834.0
Reporting Year: 2015
(January 1 to December 31)

W2 - SE - NE - SE Sec. 3 Twp. 10 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
1655 feet from ☐ N / ☑ S Line of Section
474 feet from ☑ E / ☐ W Line of Section
County: Sheridan

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: cedar hills
Maximum Authorized Injection Rate: 500 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	600	100	0		6
February	600	100	0		6
March	600	100	0		6
April	600	100	0		6
May	600	100	0		6
June	600	100	0		6
July	600	100	0		6
August	600	100	0		6
September	80	100	0		1
October	80	100	0		1
November	80	100	0		1
December	80	100	0		1
TOTAL	5120		0		

Submitted Electronically