1299718

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 # 33328
Name: Packard, Lynn
Address 1: 8113 NW RIVER RD
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + __ __ __ __
Contact Person: Lynn Packard
Phone: (620) 886-0135
Lease Name: PACKARD
Well Number: 5-23 OWWO

API No.: 15-007-01498-00-01
Permit No: D27743.0
Reporting Year: 2015
(January 1 to December 31)

____ - ____ - NE - SW Sec. 23 Twp. 31 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
1979 feet from ☐ N / ☑ S Line of Section
3297 feet from ☑ E / ☐ W Line of Section
County: Barber

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 1000000 mg/l Specific Gravity: 1035 Additives: None
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 1000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	7354	0	0		31
February	8980	0	0		29
March	8696	0	0		31
April	9577	0	0		30
May	8281	0	0		31
June	9118	0	0		30
July	8315	0	0		31
August	7621	0	0		31
September	7136	0	0		30
October	9541	0	0		31
November	8213	0	0		30
December	7967	0	0		31
TOTAL	100799		0		

Submitted Electronically