1300251

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 # 4472
Name: N.F. Producers, Inc.
Address 1: 1236 N. FAVER DR
Address 2:
City: CASTLE ROCK State: CO Zip: 80109 + __ __ __ __
Contact Person: Charmaine Frickey
Phone: (303) 688-4552
Lease Name: HUFF B
Well Number: 4 SWDW

API No.: 15-039-20127-00-01
Permit No: D15353.0
Reporting Year: 2015
(January 1 to December 31)

____ - NW - SE - NE Sec. 8 Twp. 1 S. R. 26 ☐ E ☑ W
(Q/Q/Q/Q)
3341 feet from ☐ N / ☑ S Line of Section
881 feet from ☑ E / ☐ W Line of Section
County: Decatur

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: 400 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	9455	-30	0		31
February	8540	-30	0		29
March	9455	-30	0		31
April	9150	-30	0		30
May	9455	-30	0		31
June	9100	-25	0		30
July	9400	-25	0		31
August	9455	-30	0		31
September	9150	-30	0		30
October	9455	-30	0		31
November	9100	-30	0		30
December	9400	-25	0		31
TOTAL	111115		0		

Submitted Electronically