1331959

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 # 5721
Name: Glacier Petroleum Co., Inc.
Address 1: 825 COMMERCIAL ST
Address 2: PO BOX 577
City: EMPORIA State: KS Zip: 66801 + 2914
Contact Person: J. C. HAWES
Phone: (620) 342-1148
Lease Name: SCHRADER (ROBERTS)
Well Number: 1

API No.: 15-197-20145-00-00
Permit No: D22162.0
Reporting Year: 2016
(January 1 to December 31)

____ - SW - SW - NW Sec. 11 Twp. 14 S. R. 8 ☑ E ☐ W
(Q/Q/Q/Q)
2994 feet from ☐ N / ☑ S Line of Section
4964 feet from ☑ E / ☐ W Line of Section
County: Wabaunsee

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: 250 psi Injection Zone: VIOLA
Maximum Authorized Injection Rate: 1000 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	0		0		
February	0		0		
March	0		0		
April	0		0		
May	0		0		
June	0		0		
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	0		0		
December	0		0		
TOTAL	0		0		

Submitted Electronically