1339856

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 # 5893
Name: Pratt Well Service, Inc.
Address 1: PO BOX 847
Address 2:
City: PRATT State: KS Zip: 67124 + 0847
Contact Person: Kenneth C Gates
Phone: (620) 672-2531
Lease Name: HARMON
Well Number: 3

API No.: 15-039-19035-00-01
Permit No: E10845.3
Reporting Year: 2016
(January 1 to December 31)

____ - NW - NW - SE Sec. 21 Twp. 3 S. R. 28 ☐ E ☑ W
(Q/Q/Q/Q)
2058 feet from ☐ N / ☑ S Line of Section
2256 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: 1300 psi Injection Zone: LANSING-KANSAS CITY
Maximum Authorized Injection Rate: 2500 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	7440	0	0		31
February	6720	0	0		28
March	7440	0	0		31
April	7200	0	0		30
May	7440	0	0		31
June	7200	0	0		30
July	0		0		
August	0		0		
September	0		0		
October	0		0		
November	5400	0	0		30
December	5580	0	0		31
TOTAL	54420		0		

Submitted Electronically