1339896

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: PACKARD
Well Number: 1

API No.: 15-007-21316-00-01
Permit No: D31955.0
Reporting Year: 2016
(January 1 to December 31)

____ - S2 - SW - SW Sec. 24 Twp. 31 S. R. 13 ☐ E ☑ W
(Q/Q/Q/Q)
345 feet from ☐ N / ☑ S Line of Section
4444 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: _____ mg/l Specific Gravity: _____ Additives: _____
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 500 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	93	0	0		31
February	84	0	0		28
March	93	0	0		31
April	90	0	0		30
May	93	0	0		31
June	90	0	0		30
July	93	0	0		31
August	93	0	0		31
September	90	0	0		30
October	93	0	0		31
November	90	0	0		30
December	93	0	0		31
TOTAL	1095		0		

Submitted Electronically