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 # 35116
Name: SM Oil & Gas, Inc.
Address 1: PO BOX 189
Address 2:
City: SKIATOOK State: OK Zip: 74070 + 0189
Contact Person: Stan Miller Sr.
Phone: (918) 629-2151
Lease Name: DECKER
Well Number: A1

API No.: 15-113-21104-00-01
Permit No: D23522.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - SW - SW Sec. 20 Twp. 19 S. R. 1 ☐ E ☑ W
(Q/Q/Q/Q)
674 feet from ☐ N / ☑ S Line of Section
4600 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	108500	0	0		31
February	98000	0	0		28
March	108500	0	0		31
April	105000	0	0		30
May	108500	0	0		31
June	105000	0	0		30
July	108500	0	0		31
August	108500	0	0		31
September	105000	0	0		30
October	108500	0	0		31
November	105000	0	0		30
December	108500	0	0		31
TOTAL	1277500		0		

Submitted Electronically