

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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Lease Name: _____
Well Number: _____

API No.: _____
Permit No.: _____
Reporting Year: _____
(January 1 to December 31)
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ E W
(a/a/a/a)
_____ feet from N / S Line of Section
_____ feet from E / W Line of Section
County: _____

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: _____ psi Injection Zone: _____
Maximum Authorized Injection Rate: _____ 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	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117**

Form CP-4
March 2009
**Type or Print on this Form
Form must be Signed
All blanks must be Filled**

OPERATOR: License #: 34380
 Name: Fuel Source Inc.
 Address 1: 1436 N 52ND ST
 Address 2: _____
 City: FORT SMITH State: AR Zip: 72904 + _____
 Contact Person: Mark Freeman
 Phone: (479) 783-8176
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: E26515.1 Gas Storage Permit #: _____
 Is ACO-1 filed? Yes No If not, is well log attached? Yes No
 Producing Formation(s): List All (If needed attach another sheet)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 15-019-23900-00-01
 Spot Description: _____
NW SW SE SE Sec. 31 Twp. 33 S. R. 11 East West
367 Feet from North / South Line of Section
1001 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Chautauqua
 Lease Name: GARY KELLEY (KIRCHNER) Well #: 3
 Date Well Completed: _____
 The plugging proposal was approved on: 11/7/2017 (Date)
 by: District 3 (KCC District Agent's Name)
 Plugging Commenced: 11/29/2017
 Plugging Completed: 11/29/2017

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Ran 1" tubing to 1200'. Gelled hole. Spotted 5 sacks cement. Pulled 1" tubing to 700'. Spotted 5 sacks cement. Pulled 1" tubing to 350'. Cemented from 350' to surface with 38 sacks cement. Cut casings below ground level. Restore location.

Plugging Contractor License #: 32884 Name: Elmore's, Inc.
 Address 1: 419 S MONTGOMERY Address 2: PO BOX 87
 City: SEDAN State: KS Zip: 67361 + 1927
 Phone: (620) 725-5744
 Name of Party Responsible for Plugging Fees: Fuel Source Inc.
 State of Kansas County, Chautauqua, ss.
Thomas H. Oast Employee of Operator or Operator on above-described well,
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically

STATEMENT

13226

ELMORE'S INC.

Box 87 - 776 HWY 99
Sedan, KS 67361
Cell: (620) 249-2519
Eve: (620) 725-5538

Date

11-29-17

Customer Fuel Source Inc
Address 1436 N 52nd Street
City Fort Smith State AR Zip 72904

Qty.	Description	Price	Amount
4	hr Pulling Unit	120.00	480.00
3	hr Cement Pump	120.00	360.00
3	hr Water Truck	85.00	255.00
1	Brulk Tank	85.00	85.00
1	Sk Gel	16.00	16.00
48	SKS Cement	12.50	600.00
1	hr Back hoe	85.00	85.00
1200'	1" Tubin	.10	120.00
1	Dug Up + Cut off Casings	100.00	100.00
			2101.00
	Plus Job Goryelly Kichner #3 Tax		178.59
	Ran 1" To 1200' Gel Hole		2279.59
	Spotted 5 SKS Cement Pilled		
	Mato 700' Spotted 5 SKS Cement		
	Pilled Mato 350' Cemented To		
	Sur-face With 38 SKS Cement		
	Sucked Out Pit Closed Pit Dig Up + Cut off		

Thank You - We appreciate your business! (casings)

Rec'd. by Tom OASF

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

STAPLER STORE #2601 (318) 335-9135

API # 15-019-23900-00-01

Est. No. 1 735205373

NW SW SE SE 31-T335-RIIE

Chan DM in A county, KANSAS