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 # 32970
Name: H-D Oilfield Service, Inc.
Address 1: PO BOX 87
Address 2:
City: BAZINE State: KS Zip: 67516 + 0087
Contact Person: Scott Corsair
Phone: (785) 398-2210
Lease Name: IMEL
Well Number: 1 SWD

API No.: 15-083-21780-00-00
Permit No: D31295.0
Reporting Year: 2017
(January 1 to December 31)

NW - NE - NE - NE Sec. 31 Twp. 23 S. R. 22 ☐ E ☑ W
(Q/Q/Q/Q)
5092 feet from ☐ N / ☑ S Line of Section
640 feet from ☑ E / ☐ W Line of Section
County: Hodgeman

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: 1500 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 40000 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	160	0	0		10
May	1637	0	0		31
June	1860	0	0		30
July	3410	0	0		31
August	1695	0	0		31
September	1986	0	0		30
October	1820	0	0		31
November	2434	0	0		30
December	2764	0	0		31
TOTAL	17766		0		

Submitted Electronically