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 # 5330
Name: Excalibur Production Company, Inc.
Address 1: 1016 N MAIN
Address 2: PO BOX 278
City: MCPHERSON State: KS Zip: 67460 + ___ ___ ___ ___
Contact Person: Lucy Walline
Phone: (620) 241-1265
Lease Name: MORRIS A
Well Number: 1

API No.: 15-169-20292-00-01
Permit No: D25211.0
Reporting Year: 2017
(January 1 to December 31)

SE - NW - SE - SE Sec. 33 Twp. 16 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
979 feet from ☐ N / ☑ S Line of Section
933 feet from ☑ E / ☐ W Line of Section
County: Saline

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: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	410	0	0		31
February	478	0	0		28
March	530	0	0		31
April	513	0	0		30
May	530	0	0		31
June	513	0	0		30
July	530	0	0		31
August	530	0	0		31
September	513	0	0		30
October	530	0	0		31
November	513	0	0		30
December	530	0	0		31
TOTAL	6120		0		

Submitted Electronically