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 # 5684
Name: Sage, Larry George
Address 1: PO BOX 12
Address 2:
City: VIRGIL State: KS Zip: 66870 + 0012
Contact Person: Kelly Sage
Phone: (620) 437-6103
Lease Name: HOLLISTER
Well Number: 13

API No.: 15-073-20776-00-02
Permit No: E29038.2
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - N2 - SE Sec. 5 Twp. 25 S. R. 13 ☑ E ☐ W
(Q/Q/Q/Q)
1990 feet from ☐ N / ☑ S Line of Section
1320 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 1050 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 500 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	2000	480	0		31
February	2000	480	0		28
March	2000	480	0		31
April	2000	480	0		30
May	2000	480	0		31
June	2000	480	0		30
July	2000	480	0		31
August	2000	480	0		31
September	2000	480	0		30
October	2000	480	0		31
November	2000	480	0		30
December	2000	480	0		31
TOTAL	24000		0		

Submitted Electronically