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 # 32403
Name: Martin, Dail D.
Address 1: 206 S HWY 99
Address 2:
City: MADISON State: KS Zip: 66860 + __ __ __ __
Contact Person: Dail Martin
Phone: (620) 437-2848
Lease Name: GARDNER-WINKLER
Well Number: 1

API No.: 15-073-20150-00-01
Permit No: E12172.2
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NW - NE Sec. 1 Twp. 22 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
4607 feet from ☐ N / ☑ S Line of Section
1498 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: 900 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 600 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(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	600	500	0		10
March	750	500	0		15
April	750	500	0		15
May	650	500	0		16
June	750	500	0		15
July	700	500	0		16
August	800	500	0		16
September	600	500	0		10
October	800	500	0		16
November	800	500	0		16
December	750	500	0		15
TOTAL	7950		0		

Submitted Electronically