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 # 33543
Name: Morrison, Mark L.
Address 1: 1651 50TH RD
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5141
Contact Person: Mark L. Morrison
Phone: (620) 496-7674
Lease Name: KIMBERLIN
Well Number: KI-19

API No.: 15-205-28252-00-00
Permit No: E31457.2
Reporting Year: 2017
(January 1 to December 31)

SE - NW - SE - SW Sec. 3 Twp. 27 S. R. 16 ☑ E ☐ W
(Q/Q/Q/Q)
927 feet from ☐ N / ☑ S Line of Section
3434 feet from ☑ E / ☐ W Line of Section
County: Wilson

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: 450 psi Injection Zone: CATTLEMAN
Maximum Authorized Injection Rate: 200 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	465	375	0		31
February	420	375	0		28
March	430	375	0		31
April	465	375	0		30
May	450	375	0		31
June	455	375	0		30
July	460	375	0		31
August	430	375	0		31
September	465	375	0		30
October	450	375	0		31
November	450	375	0		30
December	465	375	0		31
TOTAL	5405		0		

Submitted Electronically