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 # 31647
Name: Churchill, Kim dba K.C. Operations
Address 1: 534 SE 70 AVE
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 9226
Contact Person: Kim Churchill
Phone: (620) 564-2279
Lease Name: BRYANT
Well Number: 1

API No.: 15-009-21827-00-01
Permit No: D26312.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - NW Sec. 14 Twp. 20 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4369 feet from ☐ N / ☑ S Line of Section
3161 feet from ☑ E / ☐ W Line of Section
County: Barton

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: ARBUCKLE
Maximum Authorized Injection Rate: 4000 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	5567	0	0		31
February	5335	0	0		28
March	5656	0	0		31
April	5743	0	0		30
May	5675	0	0		31
June	5645	0	0		30
July	5595	0	0		31
August	5643	0	0		31
September	5625	0	0		30
October	5645	0	0		31
November	5641	0	0		30
December	5585	0	0		31
TOTAL	67355		0		

Submitted Electronically