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 # 35275
Name: Anderson, Kendra A.
Address 1: 509 N. SANTA FE ST.
Address 2:
City: GALVA State: KS Zip: 67443 + __ __ __ __
Contact Person: Kendra Anderson
Phone: (620) 245-7390
Lease Name: OSTLUND
Well Number: 3

API No.: 15-113-21088-00-00
Permit No: E22468.1
Reporting Year: 2017
(January 1 to December 31)

W2 - SW - NE - SE Sec. 10 Twp. 19 S. R. 2 ☐ E ☑ W
(Q/Q/Q/Q)
1711 feet from ☐ N / ☑ S Line of Section
1308 feet from ☑ E / ☐ W Line of Section
County: McPherson

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: 2000 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	58871	0	0		31
February	53173	0	0		28
March	58887	0	0		31
April	57028	0	0		30
May	58910	0	0		31
June	57022	0	0		30
July	58905	0	0		31
August	58903	0	0		31
September	57030	0	0		30
October	58892	0	0		31
November	57011	0	0		30
December	58885	0	0		31
TOTAL	693517		0		

Submitted Electronically