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 # 32555
Name: Hazen, Ty Anthony
Address 1: 704 S SAINT JOHN AVE
Address 2:
City: LYONS State: KS Zip: 67554 + 3229
Contact Person: Ty Hazen
Phone: (620) 257-8411
Lease Name: MADDEN A
Well Number: 1

API No.: 15-159-21485-00-01
Permit No: D23097.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - NW - NW Sec. 22 Twp. 20 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
4308 feet from ☐ N / ☑ S Line of Section
5015 feet from ☑ E / ☐ W Line of Section
County: Rice

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: 15000 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	6200	45	0		31
February	5800	45	0		29
March	5200	45	0		31
April	6200	45	0		30
May	6200	45	0		31
June	4800	45	0		30
July	5200	45	0		31
August	6100	45	0		31
September	5900	45	0		30
October	6000	45	0		31
November	5900	45	0		30
December	5800	45	0		31
TOTAL	69300		0		

Submitted Electronically