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 # 3942
Name: Monroe, Orville dba Big "O"
Address 1: 2820 PASEO DR
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 7225
Contact Person: Tim Dickson
Phone: (620) 566-7393
Lease Name: J NEUFELDT
Well Number: 9

API No.: 15-079-20009-00-00
Permit No: D13543.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - NW Sec. 8 Twp. 22 S. R. 3 ☐ E ☑ W
(Q/Q/Q/Q)
2970 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Harvey

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: 500 psi Injection Zone: ARBUCKLE,GRANIT WASH
Maximum Authorized Injection Rate: 5000 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	2850	0	0		31
February	2680	0	0		28
March	2760	0	0		31
April	2740	0	0		30
May	2850	0	0		31
June	2870	0	0		30
July	2820	0	0		31
August	2800	0	0		31
September	2870	0	0		30
October	2880	0	0		31
November	2800	0	0		30
December	2970	0	0		31
TOTAL	33890		0		

Submitted Electronically