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 # 33288
Name: Manning, Gregory
Address 1: 574 SE 130 AVE
Address 2:
City: ELLINWOOD State: KS Zip: 67526 + 9270
Contact Person: Gregory Manning
Phone: (620) 564-2302
Lease Name: SMITH ESTATE
Well Number: 14

API No.: 15-185-19130-00-01
Permit No: D24186.0
Reporting Year: 2017
(January 1 to December 31)

S2 - S2 - SE - NW Sec. 16 Twp. 21 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
2968 feet from ☐ N / ☑ S Line of Section
3268 feet from ☑ E / ☐ W Line of Section
County: Stafford

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	10850	0	0		31
February	9800	0	0		28
March	10850	0	0		31
April	10500	0	0		30
May	10850	0	0		31
June	10500	0	0		30
July	10850	0	0		31
August	10850	0	0		31
September	10500	0	0		30
October	10850	0	0		31
November	10500	0	0		30
December	10850	0	0		31
TOTAL	127750		0		

Submitted Electronically