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 # 9131
Name: Jack W Sanders & Son, General Partnership
Address 1: 4420 UTAH RD
Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8757
Contact Person: Jack Sanders
Phone: (913) 963-1232
Lease Name: HUFFMAN
Well Number: I 2

API No.: 15-121-26703-00-00
Permit No: E18295.2
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - NE Sec. 23 Twp. 16 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4815 feet from ☐ N / ☑ S Line of Section
2218 feet from ☑ E / ☐ W Line of Section
County: Miami

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: 625 psi Injection Zone: SQUIRREL SAND
Maximum Authorized Injection Rate: 35 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	490	200	0		31
February	455	200	0		28
March	460	200	0		31
April	470	200	0		30
May	502	200	0		31
June	490	200	0		30
July	535	200	0		31
August	532	200	0		31
September	500	200	0		30
October	505	200	0		31
November	520	200	0		30
December	510	200	0		31
TOTAL	5969		0		

Submitted Electronically