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 # 34590
Name: American Tank Service LLC
Address 1: 228 NORTHRIDGE DR.
Address 2:
City: HAYS State: KS Zip: 67601 + __ __ __ __
Contact Person: Pam Breit
Phone: (785) 623-0667
Lease Name: CHRISLER
Well Number: 3

API No.: 15-051-23291-00-00
Permit No: D22280.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NE - SW Sec. 11 Twp. 11 S. R. 17 ☐ E ☑ W
(Q/Q/Q/Q)
2135 feet from ☐ N / ☑ S Line of Section
3666 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 1000 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	13100	0	0		31
February	12800	0	0		28
March	13900	0	0		31
April	19300	0	0		30
May	15000	0	0		31
June	11100	0	0		30
July	12900	0	0		31
August	16300	0	0		31
September	14100	0	0		30
October	14600	0	0		31
November	18900	0	0		30
December	19200	0	0		31
TOTAL	181200		0		

Submitted Electronically