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 # 31813
Name: Becker, Steve A. dba A & A Well Service
Address 1: 4500 CONNECTICUT RD
Address 2:
City: ELSMORE State: KS Zip: 66732 + 4069
Contact Person: Janet Mattox
Phone: (620) 754-3788
Lease Name: LARSON
Well Number: W 2

API No.: 15-001-22824-00-00
Permit No: E17800.2
Reporting Year: 2017
(January 1 to December 31)

____ - NW - NW - NW Sec. 15 Twp. 26 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
4809 feet from ☐ N / ☑ S Line of Section
4974 feet from ☑ E / ☐ W Line of Section
County: Allen

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NA mg/l Specific Gravity: NA Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 50 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 12 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	150	50	0		31
February	150	50	0		28
March	150	50	0		31
April	150	50	0		30
May	150	50	0		31
June	150	50	0		30
July	150	50	0		31
August	150	50	0		31
September	150	50	0		30
October	150	50	0		31
November	150	50	0		30
December	150	50	0		31
TOTAL	1800		0		

Submitted Electronically