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: SMITH
Well Number: 8

API No.: 15-011-21484-00-01
Permit No: E25832.2
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - SW Sec. 23 Twp. 26 S. R. 21 ☑ E ☐ W
(Q/Q/Q/Q)
1458 feet from ☐ N / ☑ S Line of Section
825 feet from ☑ E / ☐ W Line of Section
County: Bourbon

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: 450 psi Injection Zone: Bartlesville
Maximum Authorized Injection Rate: 40 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	420	450	0		31
February	420	450	0		28
March	420	450	0		31
April	420	450	0		30
May	420	450	0		31
June	420	450	0		30
July	420	450	0		31
August	420	450	0		31
September	420	450	0		30
October	420	450	0		31
November	420	450	0		30
December	420	450	0		31
TOTAL	5040		0		

Submitted Electronically