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 # 34479
Name: Patterson Operations LLC
Address 1: 618 N. WESTCHESTER DR.
Address 2:
City: ANDOVER State: KS Zip: 67002 + __ __ __ __
Contact Person: Garr Patterson
Phone: (316) 651-6104
Lease Name: BROWNING
Well Number: 16

API No.: 15-073-23846-00-01
Permit No: E21058.4
Reporting Year: 2017
(January 1 to December 31)

____ - W2 - NW - SW Sec. 20 Twp. 22 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
1830 feet from ☐ N / ☑ S Line of Section
5250 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 900 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 2500 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	27900	180	0		31
February	25200	180	0		28
March	27900	180	0		31
April	27000	180	0		30
May	27900	180	0		31
June	27000	180	0		30
July	27900	180	0		31
August	27900	180	0		31
September	27000	180	0		30
October	27900	180	0		31
November	27000	180	0		30
December	27900	180	0		31
TOTAL	328500		0		

Submitted Electronically