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 # 35443
Name: Pro3 Sulfur Solutions, Inc.
Address 1: 3761 180TH ST.
Address 2:
City: RUSSELL State: KS Zip: 67665 + __ __ __ __
Contact Person: Eric Harbaugh
Phone: (785) 337-3370
Lease Name: HARBAUGH A
Well Number: 12

API No.: 15-167-22273-00-00
Permit No: D23119.0
Reporting Year: 2017
(January 1 to December 31)

____ - NW - SE - NW Sec. 25 Twp. 14 S. R. 15 ☐ E ☑ W
(Q/Q/Q/Q)
3620 feet from ☐ N / ☑ S Line of Section
3661 feet from ☑ E / ☐ W Line of Section
County: Russell

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: 400 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 2000 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	19282	0	0		31
February	17416	0	0		28
March	19282	0	0		31
April	18660	0	0		30
May	19282	0	0		31
June	18660	0	0		30
July	19282	0	0		31
August	19282	0	0		31
September	18660	0	0		30
October	19282	0	0		31
November	18660	0	0		30
December	19282	0	0		31
TOTAL	227030		0		

Submitted Electronically