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 # 4472
Name: N.F. Producers, Inc.
Address 1: 1236 N. FAVER DR
Address 2:
City: CASTLE ROCK State: CO Zip: 80109 + __ __ __ __
Contact Person: Charmaine Frickey
Phone: (720) 641-5370
Lease Name: HINKHOUSE
Well Number: 1

API No.: 15-163-19102-00-02
Permit No: D20268.0
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SW - SW Sec. 33 Twp. 9 S. R. 20 ☐ E ☑ W
(Q/Q/Q/Q)
331 feet from ☐ N / ☑ S Line of Section
5002 feet from ☑ E / ☐ W Line of Section
County: Rooks

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: 0 psi Injection Zone: CEDAR HILLS
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	21700	-30	0		31
February	21645	-30	0		29
March	21700	-30	0		31
April	21600	-30	0		30
May	19615	-30	0		31
June	21750	-30	0		30
July	21695	-30	0		31
August	21600	-30	0		31
September	21615	-30	0		30
October	21695	-30	0		31
November	21600	-30	0		30
December	21605	-30	0		31
TOTAL	257820		0		

Submitted Electronically