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 # 3988
Name: Slawson Exploration Company, Inc.
Address 1: 204 N ROBINSON AVE STE 2300
Address 2:
City: OKLAHOMA CITY State: OK Zip: 73102 + 6891
Contact Person: Greg Wyatt
Phone: (405) 232-0201
Lease Name: HERMES S
Well Number: 1

API No.: 15-171-20344-00-00
Permit No: D24903.0
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NE - NE Sec. 34 Twp. 17 S. R. 31 ☐ E ☑ W
(Q/Q/Q/Q)
4865 feet from ☐ N / ☑ S Line of Section
451 feet from ☑ E / ☐ W Line of Section
County: Scott

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: 900 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	4743	0	0		31
February	4284	0	0		28
March	4590	0	0		30
April	4590	0	0		30
May	4433	0	0		31
June	4590	0	0		30
July	4743	0	0		31
August	4743	0	0		31
September	4590	0	0		30
October	4131	0	0		27
November	4590	0	0		30
December	4743	0	0		31
TOTAL	54770		0		

Submitted Electronically