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 # _____
Name: _____
Address 1: P.O. Box 365
Address 2: _____
City: Madison State: KS Zip: 66860 + __ __ __ __
Contact Person: R. Kelly Barnard
Phone: (620) 437-2288
Lease Name: WARREN
Well Number: 11

API No.: 15-073-20249-00-01
Permit No: E13840.2
Reporting Year: 2017
(January 1 to December 31)

____ - NE - NW - SW Sec. 6 Twp. 23 S. R. 11 ☑ E ☐ W
(Q/Q/Q/Q)
2321 feet from ☐ N / ☑ S Line of Section
4185 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: 1000 psi Injection Zone: BARTLESVILLE

Maximum Authorized Injection Rate: 250 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	2325	0	0		31
February	2100	0	0		28
March	2325	0	0		31
April	2250	0	0		30
May	2325	0	0		31
June	2250	0	0		30
July	2325	0	0		31
August	2325	0	0		31
September	2250	0	0		30
October	2325	0	0		31
November	2250	0	0		30
December	2325	0	0		31
TOTAL	27375		0		

Submitted Electronically