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 # 32699
Name: ZU, LLC
Address 1: 108 W 34TH
Address 2:
City: HAYS State: KS Zip: 67601 + 1629
Contact Person: Greg Whitehair
Phone: (785) 432-0789
Lease Name: ZENITH UNIT
Well Number: 1 SWD

API No.: 15-185-22617-00-00
Permit No: D25873.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - W2 - SW Sec. 12 Twp. 24 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
1343 feet from ☐ N / ☑ S Line of Section
4827 feet from ☑ E / ☐ W Line of Section
County: Stafford

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: ARBUCKLE
Maximum Authorized Injection Rate: 10000 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	78584	0	0		31
February	78584	0	0		28
March	78584	0	0		31
April	78584	0	0		30
May	78884	0	0		31
June	79584	0	0		30
July	78784	0	0		31
August	78584	0	0		31
September	78684	0	0		30
October	79584	0	0		31
November	78584	0	0		30
December	78584	0	0		31
TOTAL	945608		0		

Submitted Electronically