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: 108 W. 34th Street
Address 2: _____
City: Hays State: KS Zip: 67601 + 1629
Contact Person: Greg Whitehair
Phone: (785) 432-0789
Lease Name: HAYES
Well Number: 3

API No.: 15-185-19016-00-00
Permit No: E12893.10
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - SE Sec. 11 Twp. 24 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
355 feet from ☐ N / ☑ S Line of Section
1641 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: 1200 psi Injection Zone: VIOLA
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	1900	0	0		31
February	1680	0	0		28
March	1860	0	0		31
April	1800	0	0		30
May	1860	0	0		31
June	1820	0	0		30
July	1860	0	0		31
August	1860	0	0		31
September	1800	0	0		30
October	1860	0	0		31
November	1830	0	0		30
December	1860	0	0		31
TOTAL	21990		0		

Submitted Electronically