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 # 33752
Name: EMC Properties, LLC
Address 1: PO BOX 1773
Address 2:
City: LAWRENCE State: KS Zip: 66044 + __ __ __ __
Contact Person: morris kay
Phone: (913) 231-0223
Lease Name: MORRIS WEST
Well Number: 16 W

API No.: 15-091-22571-00-00
Permit No: E25403.21
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NW - SW Sec. 20 Twp. 14 S. R. 22 ☑ E ☐ W
(Q/Q/Q/Q)
1875 feet from ☐ N / ☑ S Line of Section
4115 feet from ☑ E / ☐ W Line of Section
County: Johnson

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: 250 psi Injection Zone: bartlesville
Maximum Authorized Injection Rate: 15 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	435	250	0		29
February	405	250	0		27
March	435	250	0		29
April	450	250	0		30
May	450	250	0		30
June	450	250	0		30
July	450	250	0		30
August	450	250	0		30
September	435	250	0		29
October	450	250	0		30
November	450	250	0		30
December	405	250	0		27
TOTAL	5265		0		

Submitted Electronically