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 # 5394
Name: Abderhalden, R. R.
Address 1: 100 S. MAIN, STE 510
Address 2:
City: WICHITA State: KS Zip: 67202 + __ __ __ __
Contact Person: R.R. Abderhalden
Phone: (316) 262-3411
Lease Name: WAYHAM
Well Number: W 6

API No.: 15-073-19987-00-00
Permit No: E07558.4
Reporting Year: 2017
(January 1 to December 31)

____ - SE - SW - NE Sec. 14 Twp. 24 S. R. 12 ☑ E ☐ W
(Q/Q/Q/Q)
2719 feet from ☐ N / ☑ S Line of Section
1899 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: 900 psi Injection Zone: MISSISSIPPIAN
Maximum Authorized Injection Rate: 500 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	2170	325	0		31
February	1960	325	0		28
March	2170	325	0		31
April	2100	325	0		30
May	2170	325	0		31
June	2100	325	0		30
July	2170	325	0		31
August	2170	325	0		31
September	2100	325	0		30
October	2170	325	0		31
November	2100	325	0		30
December	2170	325	0		31
TOTAL	25550		0		

Submitted Electronically