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 # 3682
Name: Connell, Mark Allen
Address 1: 606 W ALBRO ST
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 9234
Contact Person: Mark Connell
Phone: ( 620 ) 786-1228
Lease Name: WILLARD
Well Number: 1

API No.: 15-159-19251-00-01
Permit No: D02514.0
Reporting Year: 2017
*(January 1 to December 31)*

SE - NE - NE - SW Sec. 6 Twp. 19 S. R. 9 ☐ E ☑ W
*(Q/Q/Q/Q)*
2292 feet from ☐ N / ☑ S Line of Section
2967 feet from ☑ E / ☐ W Line of Section
County: Rice

**I. Injection Fluid:**

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 18000 mg/l Specific Gravity: 1 Additives:
*(Attach water analysis, if available)*

**II. Well Data:**

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 7300 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 | 38278 | 0 | 0 | | 31 |
| February | 31864 | 0 | 0 | | 28 |
| March | 37108 | 0 | 0 | | 31 |
| April | 35940 | 0 | 0 | | 30 |
| May | 37108 | 0 | 0 | | 31 |
| June | 35940 | 0 | 0 | | 30 |
| July | 37108 | 0 | 0 | | 31 |
| August | 37108 | 0 | 0 | | 31 |
| September | 34345 | 0 | 0 | | 30 |
| October | 35712 | 0 | 0 | | 31 |
| November | 34560 | 0 | 0 | | 30 |
| December | 35712 | 0 | 0 | | 31 |
| ***TOTAL*** | 430783 | | 0 | | |

Submitted Electronically