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 # 5050
Name: Hummon Corporation
Address 1: PO BOX 365
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + __ __ __ __
Contact Person: Tyler Bell
Phone: (620) 930-2645
Lease Name: BEELEY (OWWO)
Well Number: 1-22 SWD

API No.: 15-033-20582-00-01
Permit No: D28063.0
Reporting Year: 2017
(January 1 to December 31)

____ - ____ - NW - SW Sec. 22 Twp. 32 S. R. 18 ☐ E ☑ W
(Q/Q/Q/Q)
1997 feet from ☐ N / ☑ S Line of Section
4717 feet from ☑ E / ☐ W Line of Section
County: Comanche

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: 2500 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	287	0	0		31
February	140	0	0		28
March	150	0	0		31
April	150	0	0		30
May	150	0	0		31
June	150	0	0		30
July	155	0	0		31
August	150	0	0		31
September	155	0	0		30
October	155	0	0		31
November	1650	0	0		30
December	3473	0	0		31
TOTAL	6765		0		

Submitted Electronically