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 # 32485
Name: Patteson, Thomas Wade
Address 1: 484 OSAGE TRAIL
Address 2:
City: MOLINE State: KS Zip: 67353 + 9718
Contact Person: Wade Patteson
Phone: ( 620 ) 647-3667
Lease Name: MCALISTER
Well Number: 1

API No.: 15-019-20328-00-01
Permit No: D18309.0
Reporting Year: 2017
*(January 1 to December 31)*

NE - SE - NW - NE Sec. 28 Twp. 32 S. R. 10 ☑ E ☐ W
*(Q/Q/Q/Q)*
4479 feet from ☐ N / ☑ S Line of Section
1641 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

**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: 300 psi Injection Zone: Arbuckle
Maximum Authorized Injection Rate: 800 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 | 22500 | 0 | 0 | | 31 |
| February | 20700 | 0 | 0 | | 28 |
| March | 23250 | 0 | 0 | | 31 |
| April | 22350 | 0 | 0 | | 30 |
| May | 23250 | 0 | 0 | | 31 |
| June | 22700 | 0 | 0 | | 30 |
| July | 23250 | 0 | 0 | | 31 |
| August | 23250 | 0 | 0 | | 31 |
| September | 22500 | 0 | 0 | | 30 |
| October | 23250 | 0 | 0 | | 31 |
| November | 22500 | 0 | 0 | | 30 |
| December | 23250 | 0 | 0 | | 31 |
| ***TOTAL*** | 272750 | | 0 | | |

Submitted Electronically