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 # 6279
Name: Patrick Development Corporation
Address 1: 3408 W 93 RD
Address 2:
City: LEAWOOD State: KS Zip: 66206 + 2005
Contact Person: kerry patrick
Phone: (913) 375-8368
Lease Name: GRAY
Well Number: N 5

API No.: 15-207-02256-00-01
Permit No: E08990.7
Reporting Year: 2017
(January 1 to December 31)

____ - SW - SE - SE Sec. 18 Twp. 26 S. R. 17 ☑ E ☐ W
(Q/Q/Q/Q)
388 feet from ☐ N / ☑ S Line of Section
1008 feet from ☑ E / ☐ W Line of Section
County: Woodson

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: 800 psi Injection Zone: SQUIRREL
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 18 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	250	250	0		25
February	250	250	0		25
March	750	400	0		25
April	750	450	0		25
May	750	450	0		25
June	800	450	0		30
July	800	450	0		30
August	750	450	0		30
September	800	450	0		30
October	750	400	0		25
November	750	400	0		25
December	750	400	0		25
TOTAL	8150		0		

Submitted Electronically