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 # 31392
Name: Falkin, Richard T.
Address 1: PO BOX 91
Address 2:
City: HEPLER State: KS Zip: 66746 + 0091
Contact Person: Rick Falkin
Phone: ( 620 ) 368-4140
Lease Name: MULLIGAN/FISH
Well Number: 4

API No.: 15-037-20405-00-01
Permit No: E24586.1
Reporting Year: 2017
*(January 1 to December 31)*

____ - NE - NE - NE Sec. 5 Twp. 28 S. R. 22 ☑ E ☐ W
*(Q/Q/Q/Q)*
4744 feet from ☐ N / ☑ S Line of Section
336 feet from ☑ E / ☐ W Line of Section
County: Crawford

**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: 500 psi Injection Zone: TUCKER
Maximum Authorized Injection Rate: 50 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 | 0 | | 0 | | |
| February | 0 | | 0 | | |
| March | 150 | 50 | 0 | | 20 |
| April | 200 | 50 | 0 | | 30 |
| May | 300 | 100 | 0 | | 31 |
| June | 450 | 200 | 0 | | 30 |
| July | 450 | 250 | 0 | | 31 |
| August | 550 | 300 | 0 | | 31 |
| September | 600 | 350 | 0 | | 30 |
| October | 600 | 400 | 0 | | 31 |
| November | 600 | 400 | 0 | | 30 |
| December | 600 | 400 | 0 | | 31 |
| ***TOTAL*** | 4500 | | 0 | | |

Submitted Electronically