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 # 31486
Name: Horton, Jack
Address 1: 1962 CR 3000
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + 7220
Contact Person: John Horton
Phone: ( 620 ) 249-4476
Lease Name: MELANDER
Well Number: 37 SWD

API No.: 15-125-32250-00-00
Permit No: D31360.0
Reporting Year: 2017
*(January 1 to December 31)*

SW - NW - SE - NE Sec. 2 Twp. 34 S. R. 14 ☑ E ☐ W
*(Q/Q/Q/Q)*
3628 feet from ☐ N / ☑ S Line of Section
1301 feet from ☑ E / ☐ W Line of Section
County: Montgomery

**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: 1000 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 | 300 | 0 | 0 | | 30 |
| February | 280 | 0 | 0 | | 28 |
| March | 300 | 0 | 0 | | 30 |
| April | 300 | 0 | 0 | | 30 |
| May | 300 | 0 | 0 | | 30 |
| June | 300 | 0 | 0 | | 30 |
| July | 300 | 0 | 0 | | 30 |
| August | 300 | 0 | 0 | | 30 |
| September | 300 | 0 | 0 | | 30 |
| October | 300 | 0 | 0 | | 30 |
| November | 300 | 0 | 0 | | 30 |
| December | 300 | 0 | 0 | | 30 |
| ***TOTAL*** | 3580 | | 0 | | |

Submitted Electronically