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 # 7868
Name: Kizzar Well Servicing, Inc.
Address 1: 320 FRONTAGE ROAD
Address 2: P.O. BOX 346
City: CHASE State: KS Zip: 67524 + ___ ___ ___ ___
Contact Person: Doug Kizzar
Phone: ( 620 ) 938-2555
Lease Name: GROVE
Well Number: 4

API No.: 15-159-20553-00-01
Permit No: E18514.1
Reporting Year: 2017
*(January 1 to December 31)*

____ - NW - SE - NW Sec. 29 Twp. 19 S. R. 9 ☐ E ☑ W
*(Q/Q/Q/Q)*
3630 feet from ☐ N / ☑ S Line of Section
3630 feet from ☑ E / ☐ W Line of Section
County: Rice

**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: ARBUCKLE
Maximum Authorized Injection Rate: 500 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 | 12400 | 0 | 0 | | 31 |
| February | 11200 | 0 | 0 | | 28 |
| March | 12400 | 0 | 0 | | 31 |
| April | 12000 | 0 | 0 | | 30 |
| May | 12400 | 0 | 0 | | 31 |
| June | 12000 | 0 | 0 | | 30 |
| July | 12400 | 0 | 0 | | 31 |
| August | 12400 | 0 | 0 | | 31 |
| September | 12000 | 0 | 0 | | 30 |
| October | 12400 | 0 | 0 | | 31 |
| November | 12000 | 0 | 0 | | 30 |
| December | 12400 | 0 | 0 | | 31 |
| ***TOTAL*** | 146000 | | 0 | | |

Submitted Electronically