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 # 6329
Name: Bright, Wayne E.
Address 1: 3166 CR 4000
Address 2:
City: INDEPENDENCE State: KS Zip: 67301 + __ __ __ __
Contact Person: Wayne Bright
Phone: (620) 330-2891
Lease Name: JOHNSON
Well Number: 1

API No.: 15-125-20083-00-01
Permit No: D28196.0
Reporting Year: 2017
(January 1 to December 31)

____ - SE - NE - SW Sec. 33 Twp. 32 S. R. 14 ☑ E ☐ W
(Q/Q/Q/Q)
1718 feet from ☐ N / ☑ S Line of Section
2882 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: 400 psi Injection Zone: MISSISSIPPIAN
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	1085	275	0		31
February	980	275	0		28
March	1085	275	0		31
April	1050	275	0		30
May	1085	275	0		31
June	1050	275	0		30
July	1085	275	0		31
August	1085	275	0		31
September	1050	275	0		30
October	1085	275	0		31
November	1050	275	0		30
December	1085	275	0		31
TOTAL	12775		0		

Submitted Electronically