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 # 35116
Name: SM Oil & Gas, Inc.
Address 1: P.O. BOX 189
Address 2:
City: SKIATOOK State: OK Zip: 74070 + 0189
Contact Person: Stan Miller, Sr.
Phone: (918) 629-2151
Lease Name: GOODE A
Well Number: 4

API No.: 15-019-24120-00-01
Permit No: E32442.1
Reporting Year: 2018
(January 1 to December 31)

____ - SW - SE - NW Sec. 17 Twp. 33 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
2984 feet from ☐ N / ☑ S Line of Section
3603 feet from ☑ E / ☐ W Line of Section
County: Chautauqua

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: 600 psi Injection Zone: WAYSIDE
Maximum Authorized Injection Rate: 800 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	4256	275	0		25
February	4827	235	0		28
March	5376	240	0		31
April	4223	220	0		30
May	4134	240	0		31
June	4180	225	0		30
July	3897	225	0		31
August	3800	175	0		31
September	3764	170	0		30
October	3613	150	0		31
November	3271	140	0		30
December	2726	150	0		31
TOTAL	48067		0		

Submitted Electronically