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 # 32555
Name: Hazen, Ty Anthony
Address 1: 704 S SAINT JOHN AVE
Address 2:
City: LYONS State: KS Zip: 67554 + 3229
Contact Person: ty hazen
Phone: ( 620 ) 680-1525
Lease Name: MADDEN A
Well Number: 1

API No.: 15-159-21485-00-01
Permit No: D23097.0
Reporting Year: 2018
*(January 1 to December 31)*

____ - SW - NW - NW Sec. 22 Twp. 20 S. R. 10 ☐ E ☑ W
*(Q/Q/Q/Q)*
4308 feet from ☐ N / ☑ S Line of Section
5015 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: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 15000 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 | 62000 | 45 | 0 | | 31 |
| February | 58000 | 45 | 0 | | 29 |
| March | 59000 | 45 | 0 | | 31 |
| April | 62000 | 45 | 0 | | 30 |
| May | 59000 | 45 | 0 | | 31 |
| June | 60000 | 45 | 0 | | 30 |
| July | 59000 | 45 | 0 | | 31 |
| August | 62000 | 45 | 0 | | 31 |
| September | 60000 | 45 | 0 | | 30 |
| October | 61000 | 45 | 0 | | 31 |
| November | 59000 | 45 | 0 | | 30 |
| December | 60000 | 45 | 0 | | 31 |
| ***TOTAL*** | 721000 | | 0 | | |

Submitted Electronically