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 # 32709
Name: Splechter, Tim
Address 1: 1586 HWY 54
Address 2:
City: YATES CENTER State: KS Zip: 66783 + 5201
Contact Person: Tim Splechter
Phone: ( 620 ) 496-6100
Lease Name: CUMMINGS
Well Number: B 24

API No.: 15-207-21824-00-01
Permit No: E20958.11
Reporting Year: 2018
*(January 1 to December 31)*

____ - ____ - NE - SW Sec. 18 Twp. 25 S. R. 16 ☑ E ☐ W
*(Q/Q/Q/Q)*
3300 feet from ☐ N / ☑ S Line of Section
1980 feet from ☑ E / ☐ W Line of Section
County: Woodson

**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: 735 psi Injection Zone: squirrel
Maximum Authorized Injection Rate: 100 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 | 217 | 480 | 0 | 0 | 31 |
| February | 196 | 480 | 0 | 0 | 28 |
| March | 217 | 480 | 0 | 0 | 31 |
| April | 210 | 480 | 0 | 0 | 30 |
| May | 217 | 480 | 0 | 0 | 31 |
| June | 210 | 480 | 0 | 0 | 30 |
| July | 217 | 480 | 0 | 0 | 31 |
| August | 217 | 480 | 0 | 0 | 31 |
| September | 210 | 480 | 0 | 0 | 30 |
| October | 217 | 480 | 0 | 0 | 31 |
| November | 210 | 480 | 0 | 0 | 30 |
| December | 217 | 480 | 0 | 0 | 31 |
| ***TOTAL*** | 2555 | | 0 | | |

Submitted Electronically