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 # 33738
Name: Burris, J. R.
Address 1: 1902 HIGHWAY 54
Address 2: BOX 345
City: IOLA State: KS Zip: 66749 + ___ ___ ___ ___
Contact Person: Mark Burris
Phone: (620) 228-0579
Lease Name: SUTHERLAND
Well Number: SWD-1

API No.: 15-001-31231-00-00
Permit No: D32334.0
Reporting Year: 2018
(January 1 to December 31)

NW - NW - NE - NW Sec. 11 Twp. 24 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
45 feet from ☑ N / ☐ S Line of Section
1410 feet from ☐ E / ☑ W Line of Section
County: Allen

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 0 mg/l Specific Gravity: 1 Additives: NA
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 300 psi Injection Zone: ARBUCKLE
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	310	50	0		31
February	290	50	0		29
March	310	50	0		31
April	300	50	0		30
May	310	50	0		31
June	300	50	0		30
July	310	50	0		31
August	310	50	0		31
September	300	50	0		30
October	310	50	0		31
November	300	50	0		30
December	310	50	0		31
TOTAL	3660		0		

Submitted Electronically