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 # 35075
Name: Kansas Renewable Resources, LLC
Address 1: PO BOX 1741
Address 2:
City: GREAT BEND State: KS Zip: 67530 + __ __ __ __
Contact Person: Larry or Debra Dolechek
Phone: (785) 658-3528
Lease Name: OESER
Well Number: 2

API No.: 15-167-21089-00-00
Permit No: D19565.0
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NE - NW Sec. 35 Twp. 15 S. R. 11 ☐ E ☑ W
(Q/Q/Q/Q)
4335 feet from ☐ N / ☑ S Line of Section
3683 feet from ☑ E / ☐ W Line of Section
County: Russell

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 18054 mg/l Specific Gravity: 1008 Additives:
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 300 psi Injection Zone: ARBUCKLE
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	8100	0	0		31
February	8000	0	0		28
March	8100	0	0		31
April	7800	0	0		30
May	8150	0	0		31
June	8120	0	0		30
July	8200	0	0		31
August	8100	0	0		31
September	8000	0	0		30
October	7000	0	0		31
November	8150	0	0		30
December	8175	0	0		31
TOTAL	95895		0		

Submitted Electronically