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 # 5050
Name: Hummon Corporation
Address 1: PO BOX 365
Address 2:
City: MEDICINE LODGE State: KS Zip: 67104 + 0365
Contact Person: Tyler Bell
Phone: (620) 930-2645
Lease Name: PRIDE SWD
Well Number: 3-7

API No.: 15-151-20985-00-01
Permit No: D21343.0
Reporting Year: 2018
(January 1 to December 31)

____ - NE - NE - NE Sec. 7 Twp. 29 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4971 feet from ☐ N / ☑ S Line of Section
356 feet from ☑ E / ☐ W Line of Section
County: Pratt

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☐ Untreated Brine ☑ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: NONE mg/l Specific Gravity: NA Additives: NONE
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: .
Maximum Authorized Injection Rate: 1500 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 1 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	0	0	0	0	0
February	0	0	0	0	0
March	0	0	0	0	0
April	0	0	0	0	0
May	0	0	0	0	0
June	0	0	0	0	0
July	0	0	0	0	0
August	0	0	0	0	0
September	0	0	0	0	0
October	0	0	0	0	0
November	0	0	0	0	0
December	0	0	0	0	0
TOTAL	0		0		

Submitted Electronically