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 # 6194
Name: ESP Development, Inc.
Address 1: 1749B 250TH AVE
Address 2:
City: HAYS State: KS Zip: 67601 + 9460
Contact Person: lewis eulert
Phone: (785) 625-6394
Lease Name: DELMAR CHRISLER
Well Number: 1

API No.: 15-051-21676-00-01
Permit No: D22440.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SE - SE Sec. 35 Twp. 11 S. R. 16 ☐ E ☑ W
(Q/Q/Q/Q)
313 feet from ☐ N / ☑ S Line of Section
468 feet from ☑ E / ☐ W Line of Section
County: Ellis

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: none
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: CEDAR HILLS
Maximum Authorized Injection Rate: 300 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 0 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	1550	0	0		31
February	1400	0	0		28
March	1550	0	0		31
April	1600	0	0		30
May	1650	0	0		31
June	1600	0	0		30
July	1860	0	0		31
August	1860	0	0		31
September	1800	0	0		30
October	1860	0	0		31
November	1800	0	0		30
December	1860	0	0		31
TOTAL	20390		0		

Submitted Electronically