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 # 5394
Name: Abderhalden, R. R.
Address 1: 100 S. MAIN, STE 510
Address 2:
City: WICHITA State: KS Zip: 67202 + 3738
Contact Person: R.R. Abderhalden
Phone: (316) 262-3411
Lease Name: CARVER OWWO
Well Number: 1-992

API No.: 15-015-22673-00-01
Permit No: D24762.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SE - SW Sec. 27 Twp. 26 S. R. 6 ☑ E ☐ W
(Q/Q/Q/Q)
328 feet from ☐ N / ☑ S Line of Section
2989 feet from ☑ E / ☐ W Line of Section
County: Butler

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: 100 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 500 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	4030	0	0		31
February	3640	0	0		28
March	4030	0	0		31
April	3900	0	0		30
May	4030	0	0		31
June	3900	0	0		30
July	4030	0	0		31
August	4030	0	0		31
September	3900	0	0		30
October	4030	0	0		31
November	3900	0	0		30
December	4030	0	0		31
TOTAL	47450		0		

Submitted Electronically