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 # 32916
Name: Premiere Corporation
Address 1: 201 W. HARVEY
Address 2: PO BOX 529
City: WELLINGTON State: KS Zip: 67152 + 0529
Contact Person: J. C. Long
Phone: (620) 326-7471
Lease Name: CLARKE G
Well Number: 2

API No.: 15-007-20858-00-01
Permit No: E24226.2
Reporting Year: 2018
(January 1 to December 31)

____ - ____ - NE - NE Sec. 8 Twp. 32 S. R. 12 ☐ E ☑ W
(Q/Q/Q/Q)
4603 feet from ☐ N / ☑ S Line of Section
671 feet from ☑ E / ☐ W Line of Section
County: Barber

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: Formalized Chemical Solution
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 1000 psi Injection Zone: ELGIN
Maximum Authorized Injection Rate: 2000 barrels per day
Total Number of Enhanced Recovery Injection Wells Covered by this Permit: 2 *(Include TA's)*

III.

Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
January	6355	650			31
February	5765	650			28
March	6885	650			31
April	5255	650			30
May	4085	650			31
June	6580	650			30
July	4470	650			31
August	6770	650			31
September	5570	650			30
October	6625	650			31
November	7235	650			30
December	7100	650			31
TOTAL	72695		0		

Submitted Electronically