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 # 34742
Name: Pioneer Feedyard, LLC
Address 1: 1021 COUNTY RD CC
Address 2:
City: OAKLEY State: KS Zip: 67748 + 6093
Contact Person: Keith Ribordy
Phone: (785) 672-3257
Lease Name: PIONEER
Well Number: 5

API No.: 15-109-20293-00-00
Permit No: E22289.1
Reporting Year: 2018
(January 1 to December 31)

____ - E2 - SW - NW Sec. 13 Twp. 11 S. R. 32 ☐ E ☑ W
(Q/Q/Q/Q)
3255 feet from ☐ N / ☑ S Line of Section
4195 feet from ☑ E / ☐ W Line of Section
County: Logan

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: 800 psi Injection Zone: LANSING-KANSAS CITY
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	1891	300	0		31
February	1647	300	0		27
March	1769	300	0		29
April	1769	300	0		29
May	1830	300	0		30
June	1830	300	0		30
July	1830	300	0		30
August	1769	300	0		29
September	1830	300	0		30
October	1769	300	0		29
November	1708	300	0		28
December	1708	300	0		28
TOTAL	21350		0		

Submitted Electronically