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 # 3682
Name: Connell, Mark Allen
Address 1: 606 W ALBRO ST
Address 2:
City: CLAFLIN State: KS Zip: 67525 + 9234
Contact Person: Mark Connell
Phone: (620) 786-1228
Lease Name: VACEK
Well Number: 3D

API No.: 15-053-01300-00-01
Permit No: D03088.0
Reporting Year: 2018
(January 1 to December 31)

____ - SE - SW - SW Sec. 32 Twp. 15 S. R. 10 ☐ E ☑ W
(Q/Q/Q/Q)
313 feet from ☐ N / ☑ S Line of Section
4414 feet from ☑ E / ☐ W Line of Section
County: Ellsworth

I. Injection Fluid:

Type *(Pick one)*: ☐ Fresh Water ☐ Treated Brine ☑ Untreated Brine ☐ Water/Brine
Source: ☑ Produced Water ☐ Other *(Attach list)*
Quality: Total Dissolved Solids: 11000 mg/l Specific Gravity: 1 Additives:
(Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: 0 psi Injection Zone: ARBUCKLE
Maximum Authorized Injection Rate: 10250 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	22585	0			31
February	18770	0			28
March	22342	0			31
April	22381	0			30
May	22022	0			31
June	22144	0			30
July	23149	0			31
August	23200	0			31
September	18356	0			30
October	23405	0			31
November	20767	0			30
December	21266	0			31
TOTAL	260387		0		

Submitted Electronically