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 # 35164
Name: Jim Snyder, Inc.
Address 1: PO BOX 109
Address 2: PO BOX 109
City: HAMILTON State: KS Zip: 66853 + 0109
Contact Person: Linda Snyder
Phone: (620) 344-6283
Lease Name: THRALL
Well Number: 14 B

API No.: 15-073-22761-00-02
Permit No: E02226.5
Reporting Year: 2018
(January 1 to December 31)

____ - NE - SW - SE Sec. 29 Twp. 23 S. R. 10 ☑ E ☐ W
(Q/Q/Q/Q)
1056 feet from ☐ N / ☑ S Line of Section
1584 feet from ☑ E / ☐ W Line of Section
County: Greenwood

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: 500 psi Injection Zone: BARTLESVILLE
Maximum Authorized Injection Rate: 1000 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	2400	150	0	0	12
February	3150	150	0	0	14
March	0	0	0	0	0
April	5000	250	0	0	20
May	550	250	0	0	2
June	1000	225	0	0	4
July	2750	240	0	0	10
August	0	0	0	0	0
September	0	0	0	0	0
October	1650	250	0	0	6
November	2750	250	0	0	11
December	4400	250	0	0	16
TOTAL	23650		0		

Submitted Electronically