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 # 6279
Name: Patrick Development Corporation
Address 1: 3408 W 93RD ST
Address 2:
City: LEAWOOD State: KS Zip: 66206 + 2005
Contact Person: kerry patrick
Phone: (913) 375-8368
Lease Name: HENRICHS
Well Number: PDC 9

API No.: 15-001-26863-00-00
Permit No: E24224.2
Reporting Year: 2018
(January 1 to December 31)

____ - SW - NW - NW Sec. 23 Twp. 26 S. R. 18 ☑ E ☐ W
(Q/Q/Q/Q)
4059 feet from ☐ N / ☑ S Line of Section
4872 feet from ☑ E / ☐ W Line of Section
County: Allen

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: 700 psi Injection Zone: bartlesville
Maximum Authorized Injection Rate: 40 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	100	300	0	0	20
February	100	300			15
March	100	300			20
April	150	300			20
May	150	300			20
June	200	300			20
July	250	300			25
August	250	300			25
September	300	300			25
October	250	300			25
November	250	300			25
December	200	300			20
TOTAL	2300		0		

Submitted Electronically